

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 03 / 18 / 2014 in the State of IL
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 02 / 26 / 2014

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 10 / 01 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ERIKA FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	60643.34	248824.66
(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)).....	60643.34	248824.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33901.96	111971.28
(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)).....	33901.96	111971.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	136853.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45969.34	189418.12
(ii) Unitemized.....	13674.00	40106.77
(iii) TOTAL of contributions from individuals ▶	59643.34	229524.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	16750.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	60643.34	248824.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	60643.34	248824.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33901.96	111971.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33901.96	111971.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	110112.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	60643.34
25. SUBTOTAL (add Line 23 and Line 24).....	170755.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33901.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	136853.38

: 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, to remove a duplicate disbursement, and to add anonymous cash contributions.

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 51
	<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)
Jeffrey Armour

Mailing Address 20320 SW Birch St
Ste 110

City Newport Beach State CA Zip Code 92660

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

Name of Employer: Armour Properties Occupation: real estate investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 02 / 19 / 2014

Transaction ID : SA11AI.7137

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 4731 Surrey Dr

City Newport Beach State CA Zip Code 92625

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

Name of Employer: self Occupation: investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 24 / 2014

Transaction ID : SA11AI.7170

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1004 FOLEY Ave
0

City Champaign State IL Zip Code 61820

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: 350.00

Date of Receipt: 01 / 27 / 2014

Transaction ID : SA11AI.6461

Amount of Each Receipt this Period: 250.00

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 7 OF 51
(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)
Mary Bathurst

Mailing Address 582 Arrowhead Ln

City Litchfield State IL Zip Code 62056

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

Name of Employer MModal, Inc. Occupation Medical Editor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period
 250.00

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

Mailing Address 88 Leonard St #608

City New York State NY Zip Code 10013

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

Name of Employer Goldman, Sachs & Co. Occupation Investment Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2014

Transaction ID : SA11AI.6978

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1304 Padova Dr

City Salinas State CA Zip Code 93905

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

Name of Employer Marina Club Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11AI.6900

Amount of Each Receipt this Period
 250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sonia Carringer		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 50 CR 1675 N		Transaction ID : SA11AI.6555
City Seymour	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NA	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Kenneth Conner		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1032 Walden Ct		Transaction ID : SA11AI.7096
City Bolingbrook	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Gary Daichendt		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 2633 Riviera Dr		Transaction ID : SA11AI.6566
City Laguna Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Theory R Properties	Occupation Private Investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<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)
artur davis

Mailing Address 21177 boston Ter

City State Zip Code
sterling VA 20166

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

Name of Employer Occupation
self employed NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11AI.6904

Amount of Each Receipt this Period
500.00

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

Mailing Address 10412 Balmoral Cir

City State Zip Code
Charlotte NC 28210

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

Name of Employer Occupation
none Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.6963

Amount of Each Receipt this Period
1000.00

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

Mailing Address 313 Harbor Drive

City State Zip Code
Indian Rocks Beach FL 33785

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

Name of Employer Occupation
Eye Institute of West Florida Physician/Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 2014

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period
2600.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<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)
Michelle Easton

Mailing Address 1207 Longwood Grove Dr

City Reston State VA Zip Code 20194

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

Name of Employer CBL Policy Institute Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.6545

Amount of Each Receipt this Period
 1000.00

B. 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
 02 / 04 / 2014

Transaction ID : SA11AI.6643

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4815 Allison Dr

City Champaign State IL Zip Code 61822

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

Name of Employer KENN Production, Inc. Occupation Entertainment

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : SA11AI.6922

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<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)
Rodney Emery

Mailing Address 18100 Von Karman Ave
Suite 500

City Irvine State CA Zip Code 92612

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

Name of Employer Steadfast Companies Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period
1500.00

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

Mailing Address 505 W Green St

City Champaign State IL Zip Code 61820

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

Name of Employer Fiscella Properties, LLC Occupation Legitimate Businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : SA11AI.6916

Amount of Each Receipt this Period
250.00

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

Mailing Address 6929 Corte Langosta

City Carlsbad State CA Zip Code 92009

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

Name of Employer Residential Strategies LLC Occupation Consultant/Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.6608

Amount of Each Receipt this Period
2600.00

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

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

4350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<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)
Mike Greene

Mailing Address 764 County Rd 2200 N

City Champaign State IL Zip Code 61822-9423

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

Name of Employer Busey Bank 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
 02 / 01 / 2014

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period
 250.00

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

Mailing Address 9811 W Charleston Blvd Suite 2-163

City Las Vegas State NV Zip Code 89117

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

Name of Employer self employed Occupation Businessman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.7192

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 7969 Sunrise Loop

City Park City State UT Zip Code 84098-6258

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.6570

Amount of Each Receipt this Period
 2000.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<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)
Richard Haugen

Mailing Address 8 Bluff View

City Irvine State CA Zip Code 92603-3602

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

Name of Employer Newport Assets Inc. Occupation Asset Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.6612

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
D Brooks Holstein

Mailing Address 484 Jordan Dr

City Biloxi State MS Zip Code 39531

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.6982

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Francis J. Jahn

Mailing Address 306 W Church St

City Champaign State IL Zip Code 61820

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

Name of Employer Meyer Capel P.C. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : SA11AI.6471

Amount of Each Receipt this Period
 500.00

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 14 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Beverly Jones		Date of Receipt MM / DD / YYYY 02 / 08 / 2014
Mailing Address 702 S Grant		Transaction ID : SA11AI.6539
City Clinton	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer requested	Occupation requested	
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. Ronald Jones		Date of Receipt MM / DD / YYYY 02 / 08 / 2014
Mailing Address 702 S GRANT		Transaction ID : SA11AI.6537
City Clinton	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2250.00
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 2600.00	

Full Name (Last, First, Middle Initial) C. Jeremiah Kelly		Date of Receipt MM / DD / YYYY 01 / 29 / 2014
Mailing Address 2403 W Springfield Ave W6		Transaction ID : SA11AI.6961
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Department of Defence	Occupation Security	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional).....	2635.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<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)
ROBERT KESSMAR

Mailing Address 16217 GREVILLEA AVE

City State Zip Code
LAWNDALE CA 90260

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

Name of Employer Occupation
Boeing Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11AI.6993

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Caleb T. King

Mailing Address 2037 Shadyrest Rd

City State Zip Code
Monticello IL 61856

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

Name of Employer Occupation
Dental School Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11AI.6487

Amount of Each Receipt this Period
500.00

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

Mailing Address 28877 Nagel Ct

City State Zip Code
Lake Bluff IL 60044

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

Name of Employer Occupation
Kinnucan Company Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.7162

Amount of Each Receipt this Period
250.00

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: PAGE 16 OF 51
(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)
Loren E. Klaus

Mailing Address 204 Glenwood Ct

City State Zip Code
Glen Carbon IL 62034

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

Name of Employer Occupation
na retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 25 / 2014

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period
500.00

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

Mailing Address 1817 Loma Roja

City State Zip Code
Santa Ana CA 92705-3332

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 16 / 2014

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period
500.00

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

Mailing Address 909 Devonshire Dr

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
self-employed accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11AI.6956

Amount of Each Receipt this Period
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<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)
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 **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.6957

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 **900.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : SA11AI.6958

Amount of Each Receipt this Period
50.00

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

Mailing Address 8723 Dalrock Rd

City Rowlett State TX Zip Code 75089

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

Name of Employer PFSweb Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 11 / 2014

Transaction ID : SA11AI.7058

Amount of Each Receipt this Period
250.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 18 OF 51
(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)
Christophre Macke

Mailing Address 3 Garden Ct
#1

City Boston State MA Zip Code 02113-0000

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

Name of Employer **CBRE** Occupation **Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11AI.6960

Amount of Each Receipt this Period
 250.00

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

Mailing Address 79 Pine Street

City Chatham State NY Zip Code 17928

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

Name of Employer **Silvercrest Asset Mgmt. Grp. LLC** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.6522

Amount of Each Receipt this Period
 500.00

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

Mailing Address 223 Poinsettia Ave

City Newport Beach State CA Zip Code 92625

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

Name of Employer **Trumark Homes** Occupation **Real Estate**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.7164

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carmen Marino		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 225 W 83rd Street - Apt 4K		Transaction ID : SA11AI.7100
City New York	State NY	
Zip Code 10024	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer StormHarbour Partners	Occupation finance	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. Carmen Marino		Date of Receipt M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 225 W 83rd Street - Apt 4K		Transaction ID : SA11AI.7181
City New York	State NY	
Zip Code 10024	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer StormHarbour Partners	Occupation finance	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Jeremiah Millbank III		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 14 East 90th St		Transaction ID : SA11AI.6520
City New York	State NY	
Zip Code 10128	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Silvercrest Asset Mgmt. Grp. LLC	Occupation Managing Director	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul Neff

Mailing Address 14 Corporate Plaza
#200

City Newport Beach State CA Zip Code 92660

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

Name of Employer self Occupation Business Man

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2014

Transaction ID : SA11AI.6606

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 46 Lakecrest Trl

City Hillsboro State IL Zip Code 62049-2418

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

Name of Employer Montgomery County Realty Occupation Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11AI.6458

Amount of Each Receipt this Period
 250.00

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

Mailing Address 820 Laguna Honda Blvd

City San Francisco State CA Zip Code 94127

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

Name of Employer safti Occupation president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11AI.7107

Amount of Each Receipt this Period
 250.00

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 21 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dean Ortinau		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2014
Mailing Address 1021 Cedar Hill Dr 0		Transaction ID : SA11AI.6435
City Decatur	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired/Disabled	Occupation CPA	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Kimberly Padan		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2014
Mailing Address 12 Prairie St		Transaction ID : SA11AI.6941
City Danville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HELP Ministries, Inc.	Occupation Director	Amount of Each Receipt this Period 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. David Parkhill		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 26 / 2014
Mailing Address 1006 W Armory		Transaction ID : SA11AI.6632
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sullivan Parkhill Automotive Inc.	Occupation President	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<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)
James Patterson

Mailing Address 10000 Shelbyville Rd

City State Zip Code
Louisville KY 40223

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

Name of Employer Occupation
Self-employed Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : SA11AI.7001

Amount of Each Receipt this Period
1000.00

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

Mailing Address 756 Stevens Creek Blvd

City State Zip Code
Forsyth IL 62535

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

Name of Employer Occupation
Benjamin F. Edwards & Co. Branch Manager/Financial Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11AI.6441

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Geoffrey W. Poor

Mailing Address PO Box 3741

City State Zip Code
Champaign IL 61826

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

Name of Employer Occupation
Owner/Self Glenn Poor's Audio Video/Marketing Ent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.6495

Amount of Each Receipt this Period
250.00

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 23 OF 51	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) Thomas Purcell		Date of Receipt MM / DD / YYYY 02 / 18 / 2014
Mailing Address 714 Emerald Bay		Transaction ID : SA11AI.6622
City Laguna Beach	State IL	Zip Code 92651
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Curci Companies	Occupation Exective	
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) Mary Ann Randle		Date of Receipt MM / DD / YYYY 01 / 14 / 2014
Mailing Address 290 FonduLac Dr 0		Transaction ID : SA11AI.6896
City East Peoria	State IL	Zip Code 61611
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) Leonard Rivera		Date of Receipt MM / DD / YYYY 02 / 25 / 2014
Mailing Address 30873 Sonia Ln		Transaction ID : SA11AI.7176
City Temecula	State CA	Zip Code 92591
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Constitutional Veterans' Association	Occupation Founder	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<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) Alex Schuettenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2014
Mailing Address 2544 SE Vicksburg St 0		Transaction ID : SA11AI.6935
City Bartlesville	State OK	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation N/A	
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) Larry Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2014
Mailing Address 1601 Dove St Suite 145		Transaction ID : SA11AI.6574
City Newport Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MHI Real Estate Co.	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MARK STERN		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2014
Mailing Address 3525 S CASS ST		Transaction ID : SA11AI.7142
City OAK BROOK	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.34
Name of Employer BURKE WARREN MACKAY & SERRITEL	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 434.34	

SUBTOTAL of Receipts This Page (optional).....	1284.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51
	<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)
Judy Sweeney

Mailing Address 30937 Steeplechase Dr

City San Juan Capistrano State CA Zip Code 92675

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

Name of Employer unemployed Occupation unemployed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.7166

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 1762

City Jefferson City State MO Zip Code 65102

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2014

Transaction ID : SA11AI.6636

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1811-A Amber Lane

City Urbana State IL Zip Code 61802

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

Name of Employer retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2014

Transaction ID : SA11AI.6596

Amount of Each Receipt this Period
 500.00

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 26 OF 51
(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)
Kevin Waspi

Mailing Address 704 West Iowa St

City Urbana State IL Zip Code 61801

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

Name of Employer University of Illinois Occupation Lecturer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.6630

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4631 S Racine Ave

City Chicago State IL Zip Code 60609

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 100 E MCHENRY St

City Urbana State IL Zip Code 61801

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

Name of Employer Retired Occupation Professor Emeritus

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2014

Transaction ID : SA11AI.6446

Amount of Each Receipt this Period
 150.00

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<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)
Katheryn Zalar

Mailing Address 291 Sylvan Rd

City State Zip Code
Frankfort MI 49635

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

Name of Employer unemployed Occupation unemployed

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 Y
 02 / 26 / 2014

Transaction ID : SA11Al.6634

Amount of Each Receipt this Period
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

300.00

45969.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51
	<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)
SHEPAC

Mailing Address **PO BOX 7439**

City **ARLINGTON** State **VA** Zip Code **22207**

FEC ID number of contributing federal political committee. **C C00512020**

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
01 / 16 / 2014

Transaction ID : SA11C.6439

Amount of Each Receipt this Period
 500.00

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

Mailing Address **PO BOX 7439**

City **ARLINGTON** State **VA** Zip Code **22207**

FEC ID number of contributing federal political committee. **C C00512020**

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
01 / 27 / 2014

Transaction ID : SA11C.6514

Amount of Each Receipt this Period
 500.00

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).....

1000.00

1000.00

**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 29 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Accurate Append		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 1511 3rd Ave Suite 621		Amount of Each Disbursement this Period 66.22
City Seattle	State WA	
Zip Code 98101-1687	Purpose of Disbursement Fundraising data fee	Transaction ID : SB17.6758
Candidate Name	Category/ Type 003	
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. Aloft Chicago Ohare		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 9700 Balmoral Ave		Amount of Each Disbursement this Period 134.47
City Rosemont	State IL	
Zip Code 60018	Purpose of Disbursement Hotel expense	Transaction ID : SB17.6845
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Christopher Arps		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address PO Box 46821		Amount of Each Disbursement this Period 454.46
City St Louis	State MO	
Zip Code 63146	Purpose of Disbursement Reimbursement for services to the campaign	Transaction ID : SB17.6820
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	655.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 224.35 Transaction ID : SB17.6801
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 49.30 Transaction ID : SB17.6735
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 214.79 Transaction ID : SB17.6802
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	488.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Connie Beard		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 384.46 Transaction ID : SB17.6817
City Bloomington	State IL	
Zip Code 61704	Purpose of Disbursement Tickets to attend luncheon	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Best Buy		Date of Disbursement MM / DD / YYYY 01 / 14 / 2014
Mailing Address 7601 Penn Avenue South		Amount of Each Disbursement this Period 144.19 Transaction ID : SB17.6785
City Richfield	State MN	
Zip Code 55423	Purpose of Disbursement Audio equipment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Big Daddy's Signs		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 1320 Green Forest Ct Suite 410		Amount of Each Disbursement this Period 1857.52 Transaction ID : SB17.6839
City Winter Green	State FL	
Zip Code 34787	Purpose of Disbursement Campaign yard signs	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2386.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Big Daddy's Signs			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014	
Mailing Address 1320 Green Forest Ct Suite 410			Amount of Each Disbursement this Period 72.58	
City Winter Green	State FL	Zip Code 34787	Transaction ID : SB17.6761	
Purpose of Disbursement Yard signs		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Circle K			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014	
Mailing Address 1713 W John			Amount of Each Disbursement this Period 47.96	
City Champaign	State IL	Zip Code 61820	Transaction ID : SB17.6733	
Purpose of Disbursement gas (travel)		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Circle K			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2014	
Mailing Address 1713 W John			Amount of Each Disbursement this Period 43.20	
City Champaign	State IL	Zip Code 61820	Transaction ID : SB17.6717	
Purpose of Disbursement gas (travel)		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	163.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Circle K		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 1713 W John		Amount of Each Disbursement this Period 49.24
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement gas (travel)	Transaction ID : SB17.6734
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Circle K		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1713 W John		Amount of Each Disbursement this Period 45.70
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement gas (travel)	Transaction ID : SB17.6721
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cromwell Radio Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 410 N Water		Amount of Each Disbursement this Period 300.00
City Decatur	State IL	
Zip Code 62523	Purpose of Disbursement Radio advertisement	Transaction ID : SB17.6808
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	394.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 638.50
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airline ticket	Category/Type 002	Transaction ID : SB17.6830
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. Delta		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period -638.50
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Vendor refund	Category/Type 002	Transaction ID : SB17.8111
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Delta		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 488.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airline ticket purchase	Category/Type 002	Transaction ID : SB17.6821
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	488.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 488.00 Transaction ID : SB17.6822
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airline ticket purchase Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DoubleTree by Hilton		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 10 Brickyard Drive		Amount of Each Disbursement this Period 200.48 Transaction ID : SB17.6797
City Bloomington State IL Zip Code 61701	Purpose of Disbursement Hotel expense Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Dreamscape		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 104 E Stoughton St		Amount of Each Disbursement this Period 1856.25 Transaction ID : SB17.6838
City Champaign State IL Zip Code 61820	Purpose of Disbursement Production expense for campaign commercial Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2544.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.6805
City Champaign	State IL	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 519.78 Transaction ID : SB17.6824
City Champaign	State IL	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 509.95 Transaction ID : SB17.6823
City Champaign	State IL	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1279.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 531.51 Transaction ID : SB17.6825
City Champaign State IL Zip Code 61821	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Expedia		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.6664
City Bellevue State WA Zip Code 98004	Purpose of Disbursement Travel expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Expedia		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 22.33 Transaction ID : SB17.6691
City Bellevue State WA Zip Code 98004	Purpose of Disbursement Travel insurance Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	560.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 51		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Expedia		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 301.00 Transaction ID : SB17.6810
City Bellevue State WA Zip Code 98004	Purpose of Disbursement Airline ticket Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Expedia		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 46.29 Transaction ID : SB17.6726
City Bellevue State WA Zip Code 98004	Purpose of Disbursement Travel insurance Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Expedia		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 318.40 Transaction ID : SB17.6812
City Bellevue State WA Zip Code 98004	Purpose of Disbursement Airline ticket Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	665.69
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Expedia		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 832.00
City Bellevue State WA Zip Code 98004	Purpose of Disbursement airline ticket	
Candidate Name	Category/Type 002	Transaction ID : SB17.6833
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. Hampton Inns		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 11 Thunderbird Circle		Amount of Each Disbursement this Period 64.90
City Litchfield State IL Zip Code 62056	Purpose of Disbursement Hotel expense	
Candidate Name	Category/Type 002	Transaction ID : SB17.6754
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Hampton Inns		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 11 Thunderbird Circle		Amount of Each Disbursement this Period 64.90
City Litchfield State IL Zip Code 62056	Purpose of Disbursement Hotel expense	
Candidate Name	Category/Type 002	Transaction ID : SB17.6755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	961.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hilton Garden Inn		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1501 S Neil St		Amount of Each Disbursement this Period 827.11 Transaction ID : SB17.6832
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Banquet food	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Hilton St Louis Airport		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 10330 Natural Bridge Rd		Amount of Each Disbursement this Period 143.98 Transaction ID : SB17.6783
City St Louis	State MO	
Zip Code 63134	Purpose of Disbursement Hotel expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Hilton St Louis Airport		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2014
Mailing Address 10330 Natural Bridge Rd		Amount of Each Disbursement this Period 143.98 Transaction ID : SB17.6784
City St Louis	State MO	
Zip Code 63134	Purpose of Disbursement Hotel expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1115.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 51		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hilton St Louis Airport		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 10330 Natural Bridge Rd		Amount of Each Disbursement this Period 196.23 Transaction ID : SB17.6792
City St Louis	State MO	
Zip Code 63134	Purpose of Disbursement Hotel expense	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jorn's Signs		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 317 S Main St		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.6806
City Hillsboro	State IL	
Zip Code 62049	Purpose of Disbursement Yard signs	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jorn's Signs		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 317 S Main St		Amount of Each Disbursement this Period 4700.00 Transaction ID : SB17.6840
City Hillsboro	State IL	
Zip Code 62049	Purpose of Disbursement Campaign yard signs and bumper stickers	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5171.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Journal Publications		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address Po BOX 100		Amount of Each Disbursement this Period 6,000.00 Transaction ID : SB17.6745
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Advertisement Candidate Name Category/Type 004	
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. Martin Graphics & Printing Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 808 N Country Fair Dr		Amount of Each Disbursement this Period 344.44 Transaction ID : SB17.6814
City Champaign State IL Zip Code 61821	Purpose of Disbursement Campaign printing expenses Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Martin Graphics & Printing Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 808 N Country Fair Dr		Amount of Each Disbursement this Period 207.71 Transaction ID : SB17.6799
City Champaign State IL Zip Code 61821	Purpose of Disbursement Campaign flyers Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	604.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 34.45
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement gas (travel)	Transaction ID : SB17.6703
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 32.73
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement gas (travel)	Transaction ID : SB17.6702
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 57.35
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement gas (travel)	Transaction ID : SB17.6752
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	124.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 343.00 Transaction ID : SB17.6813
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Campaign flyers and signs	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 17.04 Transaction ID : SB17.6685
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Campaign flyers	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 233.53 Transaction ID : SB17.6804
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Campaign flyers	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	593.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 51		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 17.04
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Campaign flyers Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6686
State: District:		

Full Name (Last, First, Middle Initial) B. MINUTEMAN PRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 314.49
City CHAMPAIGN State IL Zip Code 61820	Purpose of Disbursement Campaign flyers Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6811
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
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 Merchant fees Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6769
State: District:		

SUBTOTAL of Disbursements This Page (optional) 430.53
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Neuhoff Media		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 250 N Water St Suite 100		Amount of Each Disbursement this Period 598.40 Transaction ID : SB17.6828
City Decatur State IL Zip Code 62523	Purpose of Disbursement Campaign radio advertistements Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Premier Print Group		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address 2602 N Mattis Ave		Amount of Each Disbursement this Period 4653.00 Transaction ID : SB17.6842
City Champaign State IL Zip Code 61822	Purpose of Disbursement Campaign mailer Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Red Strategies LLC		Date of Disbursement MM / DD / YYYY 01 / 29 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 408.99 Transaction ID : SB17.6818
City Bassett State VA Zip Code 24055	Purpose of Disbursement Fundraising telephone calls Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5660.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 90.66 Transaction ID : SB17.6767
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement monthly subscription fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 989.00 Transaction ID : SB17.6834
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement Fundraising telephone calls	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1275.00 Transaction ID : SB17.6835
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement Fundraisign telephone calls	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2354.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RingCentral Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 65.75
City San Mateo State CA Zip Code 94404	Purpose of Disbursement monthly subscription fee Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : SB17.6757	

Full Name (Last, First, Middle Initial) B. RingCentral Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 67.29
City San Mateo State CA Zip Code 94404	Purpose of Disbursement monthly subscription fee Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : SB17.6759	

Full Name (Last, First, Middle Initial) c. S.J. Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 2702 Boulder Drive		Amount of Each Disbursement this Period 594.00
City Urbana State IL Zip Code 61802	Purpose of Disbursement Advertisements Category/Type 004	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : SB17.6827	

SUBTOTAL of Disbursements This Page (optional).....	727.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1667.00 Transaction ID : SB17.6836
City URBANA State IL Zip Code 61802	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DONNA TANNER-HAROLD		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 115 E HOLMES ST		Amount of Each Disbursement this Period 92.99 Transaction ID : SB17.6768
City URBANA State IL Zip Code 61801	Purpose of Disbursement Reimbursement for campaign expenses - promotional material Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The News Gazette Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 15 E Main St		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.6829
City Champaign State IL Zip Code 61820	Purpose of Disbursement Newspaper advertisement Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2359.99
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE UPS STORE		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 1717 W KIRBY AVE		Amount of Each Disbursement this Period 32.40
City CHAMPAIGN	State IL	
Zip Code 61821	Purpose of Disbursement Postage supplies	Transaction ID : SB17.6701
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Wit/DoubleTree by Hilton		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 201 N State St		Amount of Each Disbursement this Period 233.04
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Hotel expense	Transaction ID : SB17.6803
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 52.99
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Postage supplies	Transaction ID : SB17.6748
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	318.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wood Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 2005 E Olive St		Amount of Each Disbursement this Period 356.22
City Decatur State IL Zip Code 62526	Purpose of Disbursement Campaign postcards Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6816

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

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

SUBTOTAL of Disbursements This Page (optional).....	356.22
TOTAL This Period (last page this line number only).....	30405.04