PAGE 1 / 19

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3	For An Au	thorized Com	mittee		Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, er the lines.	type 1	2FE4M5	
Dennis Anderson for	r Congress					I
ADDRESS (number and street)	P.O. Box 8587					
▼ Observe it alittement						
Check if different than previously reported. (ACC)	Gunree				IL 6003	31
2. FEC IDENTIFICATION	NUMBER ▼	CITY ▲		STA	TE A	ZIP CODE ▲
C C00507459		3. IS THIS REPORT	NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT	(Choose One)	b) 12-Day PRE	-Election Report	for the		
(a) Quarterly Reports:		D) 12-Day PRE	-ciection Report	ior trie.		
April 15 Quarte	rly Report (Q1)		Primary (12P)	Ш	General (12G)	Runoff (12R)
7,pm to quarter	ny rioport (Q1)		Convention (120	C)	Special (12S)	
July 15 Quarter	ly Report (Q2)					
October 15 Qua	arterly Report (Q3)	Election on	M M /	D D / Y	YYY	in the State of
January 31 Yea	r-End Report (YE) (c) 30-Day POS	T-Election Repor	t for the:		
			General (30G)		Runoff (30R)	Special (30S)
Termination Rep	port (TER)	Election on	M " M /	D D / Y	Y " Y " Y	in the State of
5. Covering Period	M M M / D D / 01	Y Y Y Y Y 2016	through	M M /	30 / Y	Y Y Y 2016
I certify that I have examined	Glad-Anderson,		nowledge and bel	lief it is true,	correct and con	nplete.
Signature of Treasurer	Glad-Anderson, Susan, , ,		[Electronically File	ed] Date	M M /	15 / Y Y Y Y Y Y 2016
NOTE: Submission of false, er	roneous, or incomplete	information may	subject the persor	n signing this	Report to the pe	nalties of 52 U.S.C. §30109
Office						EC FORM 3
Use Only						(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 19

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Dennis Anderson for Congress

2016 2016 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 38643.11 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 38643.11 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 95903.47 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 95903.47 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 5163.74 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 69950.00 Schedule C and/or Schedule D).....

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 05/2016)

PAGE 3 / 19

Write or Type Committee Name

Dennis Anderson for	Congress
---------------------	----------

Report Covering the Period: From: 07 01 2016 To: 09 30 2016

	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)	0.00	14101.00
	(ii) Unitemized	0.00	15341.11
	(iii) TOTAL of contributions from individuals	0.00	29442.11
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	100.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	9101.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	38643.11
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	59700.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	59700.00
1.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
δ.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	98343.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	95903.47
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
<u> </u>	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	95903.47
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	5163.74
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		5163.74
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	5163.74

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

FOR LINE NUMBER: (check only one)

PAGE 5

13a

				Detailed	Julilliary i ag				13b
AME OF COMMITTEE (In Full)					Transac	tion ID :	SC/10.4113		
Dennis Anderson for Co	ngress								
LOAN SOURCE Full Name (Last, First, M	ddle Initial)			Memo Item	Election			
Anderson, Dennis, , ,							imary		
Mailing Address						1	eneral ther (specify)	_	
Mailing Address P.O. Box 8587							iner (specify)		
City		State	ZIP Cod	е		×F	Personal Fund	ds of the C	andidate
Gurnee		IL	60031						
Original Amount of Loan		Cumulative Pa	yment To [Date	Bala	ince Out	standing at (Close of Th	is Period
	25000.00			0.00			, ,	25000.	00
TERMS Date Incurred		Γ	Date Due		Interest Rate (If none, enter			Secured:	
M12M / D16D / Y 2	ž01ť ^Y	M M / D D) / Y12/	31/2012 ^Y	0.	00	% (apr)	Yes	x No
List All Endorsers or Guarar	ntors (if any)	to Loan Source							
1. Full Name (Last, First, Mic	ddle Initial)			Name of Em	ployer				
Mailing Address				Occupation					
			-	Amount					_
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
2. Full Name (Last, First, Mide	dle Initial)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount					7
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
3. Full Name (Last, First, Mide	dle Initial)			Name of Employer					
Mailing Address				Occupation					
				Amount					_
City	State	ZIP Code		Guaranteed Outstanding:		7	-		
4. Full Name (Last, First, Mide	dle Initial)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
	•		<u>'</u>						
SUBTOTALS This Period This Pa	age (optional)				▶			25000.0	00
OTALS This Period (last page i	n this line on	y)			▶				
		·							
Carry outstanding balance only	to LINE 3. So	hedule D, for this	s line. If n	o Schedule	D, carry forv	vard to	appropriate	line of Sur	nmary.

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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

13a

				130		
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress	}		Trans	action ID : SC/10.4275		
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial)		Memo Iter	Election: 2012		
Anderson, Dennis, , ,			_ Welle let	x Primary		
				General		
Mailing Address P.O. Box 8587				Other (specify) ———————————————————————————————————		
City	State	ZIP Cod	е	✗ Personal Funds of the Candidate		
Gurnee	IL	60031		Personal Funds of the Candidate		
Original Amount of Loan	Cumulative	Payment To	Date Ba	alance Outstanding at Close of This Period		
5000.00		, ,	0.00	5000.00		
TERMS Date Incurred		Date Due	Interest Ra (If none, en			
M03 ^M / D15 ^D / Y Ž01Ž Y	M M / D	D / Y12/	31/2012 Y	0.00 % (apr) Yes No		
List All Endorsers or Guarantors (if a	any) to Loan Sou	rce				
1. Full Name (Last, First, Middle Initia	ıl)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ate ZIP Code	,	Guaranteed	, , , , , , , ,		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ate ZIP Code		Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ate ZIP Code		Guaranteed Outstanding:	9		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ate ZIP Code		Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page (opti-	onal)			5000.00		
TOTALS This Period (last page in this lin	e only)					
Carry outstanding balance only to LINE	3, Schedule D, for	this line. If n	o Schedule D, carry fo	rward to appropriate line of Summary.		

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

X 13a

		100
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress		Transaction ID : SC/10.4338
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2012
Anderson, Dennis, , ,	viidale iriitiai)	Memo Item Primary General
Mailing Address P.O. Box 8587		Other (specify)
City	State	ZIP Code Resolution Personal Funds of the Candidate
Gurnee	IL	60031
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M03M / D27D / Y Ž01Ž Y	M M / D D	/ ^Y 12/31/2012
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Desired This Desire (authors	.n	
SUBTOTALS This Period This Page (optional		5000.00
TOTALS This Period (last page in this line of	only)	······
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 8 FOR LINE NUMBER: (check only one)

X 13a

_			Detailed Garrinary Fa	gc	13b			
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress			Transa	ction ID : SC/10.4284				
<u> </u>	alalla lisitial\			Floring				
LOAN SOURCE Full Name (Last, First, Minderson, Dennis, , ,	adie initial)		☐ Memo Item	Election: 2012 Primary				
				✗ General				
Mailing Address P.O. Box 8587				Other (specify) ▼				
City	State	ZIP Code	•	Personal Funds of the 0	andidata			
Gurnee	IL	60031		Fersonal Funds of the C	Januluale			
Original Amount of Loan	Cumulative Page	yment To D	ate Bala	ance Outstanding at Close of T	nis Period			
5000.00			0.00	5000	.00			
TERMS Date Incurred	С	Date Due	Interest Rat (If none, ente		:			
^M 03 ^M / ^D 29 ^D / Y Ž01Ž Y	M09 M / D01 D	/ Y (.00 % (apr) Yes	x No			
List All Endorsers or Guarantors (if any)	to Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		-	Occupation					
			Amount		_			
City State	ZIP Code		Guaranteed Outstanding:	7				
2. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		-	Occupation					
			Amount		_			
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7				
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7 7 7				
4. Full Name (Last, First, Middle Initial)	'		Name of Employer					
Mailing Address		Occupation						
			Amount					
City State	ZIP Code		Guaranteed Outstanding:	7				
SUBTOTALS This Period This Page (optional)				F000	00			
TOTALS This Period (last page in this line on				5000	.00			
	-			7 7				
Carry outstanding balance only to LINE 3, So	hedule D. for this	s line. If no	Schedule D. carry for	ward to appropriate line of Su	mmarv.			

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

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

19

13b Transaction ID: SC/10.4467 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Anderson, Dennis, , , General X Mailing Address P.O. Box 8587 Other (specify) City State ZIP Code Personal Funds of the Candidate IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2200.00 0.00 2200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D M 05M Ž01Ž x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2200.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

			Detailed Guillinary	, rage	10	3b			
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress			Tra	nsaction ID : SC/10.4634	ļ				
LOAN SOURCE Full Name (Last, First, Mid	ddla Initial)			Flastian, core					
, , , , , , , , , , , , , , , , , , , ,	adie initial)		☐ Memo I	Item Election: 2012 Primary					
Anderson, Dennis, , ,				★ General					
Mailing Address				Other (specify) 🔻				
Mailing Address P.O. Box 8587	I	ı							
City	State	ZIP Code	•						
Gurnee	IL	60031		Personal Fur	nds of the Candid	date ——			
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance Outstanding at	Close of This Pe	eriod			
1000.00			0.00		1000.00				
1000.00	7		0.00	2	1000.00	_			
TERMS Date Incurred	D	ate Due	Interest (If none,		Secured:				
M06M / D02D / Y Ž01Ž Y	M M / D D	/ Y	YYY	% (apr)	Yes 🗶	No			
List All Endorsers or Guarantors (if any) t	o Loan Source								
Full Name (Last, First, Middle Initial)			Name of Employer						
Mailing Address			Occupation						
		7	Amount						
City State	ZIP Code		Guaranteed Outstanding:	7					
2. Full Name (Last, First, Middle Initial)	1	!	Name of Employer						
Mailing Address			Occupation						
		L	Amount						
City State	ZIP Code		Guaranteed						
July State			Outstanding:	7 7					
3. Full Name (Last, First, Middle Initial)	•		Name of Employer						
Mailing Address			Occupation						
			Amount						
City	ZIP Code	-	Guaranteed						
			Outstanding:	7					
4. Full Name (Last, First, Middle Initial)	•		Name of Employer						
Mailing Address	Mailing Address				Occupation				
			Amount						
City	ZIP Code		Guaranteed Outstanding:	7					
SUBTOTALS This Period This Page (optional).					1000.00	٦			
					.000.00	=			
TOTALS This Period (last page in this line only	/)		·····•						
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to appropriate	line of Summa	irv.			

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

FOR LINE NUMBER: (check only one)

PAGE 11

13a

OF

		130
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress		Transaction ID : SC/10.4636
	dalla latti N	T =
Anderson, Dennis, , ,	adie initial)	Memo Item Election: 2012 Primary
Mailing Address P.O. Box 8587		✓ General Other (specify) ▼
City	State	ZIP Code
Gurnee	IL	60031 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
400.00	2	0.00 400.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
M06 ^M / D16 ^D / Y Ž01Ž Y	M M / D D	√ Y Y Y Y Y Y Y No (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		400.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 12
FOR LINE NUMBER: (check only one)

X 13a

OF

						100			
	ME OF COMMITTEE (In Full) ennis Anderson for Congre	ess			Transac	ction ID : SC/10.4637			
	LOAN SOURCE Full Name (Last, Anderson, Dennis, , ,	First, Mid	ldle Initial)		☐ Memo Item	Election: 2012 Primary			
-	Mailing Address P.O. Box 8587								
	City		State	ZIP Co	de	Personal Funds of the Candidate			
	Gurnee				Data Bala	ance Outstanding at Close of This Period			
	Original Amount of Loan 400	0.00	Cumulative Pay	yment 10	0.00	400.00			
Ì	TERMS Date Incurred		D	ate Due	Interest Rate (If none, ente				
	M06 ^M / D18 ^D / Y Z012	Υ	M M / D D	/ Y	Y	% (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
-	Mailing Address				Occupation				
-	City	State	ZIP Code		Amount Guaranteed Outstanding:	7			
	2. Full Name (Last, First, Middle In	l itial)			Name of Employer				
-	Mailing Address				Occupation				
		T_	T		Amount Guaranteed				
	City	State	ZIP Code			9 9			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
-	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , ,			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
		T -	T		Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1			
SI	JBTOTALS This Period This Page (o	optional)				400.00			
TO	OTALS This Period (last page in this	line only)						
C	arry outstanding balance only to LII	NE 3. Sch	edule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.			
	,	-,							

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

PAGE 13
FOR LINE NUMBER: (check only one)

X 13a 13b

				Detailed Summary	Page			13b
NAME OF COMMITTEE (In Full)				Trai	nsaction	ID : SC/10.4638		
Dennis Anderson for Con	igress							
LOAN SOURCE Full Name (La	ast, First, Mic	ddle Initial)		☐ Memo I	tem Ele	ction: 2012		
Anderson, Dennis, , ,						Primary		
Mailing Address					x	General		
Mailing Address P.O. Box 8587						Other (specify) ▼		
City		State	ZIP Code	•		Personal Funds of the	Can	didate
Gurnee		IL	60031			1 crochar r ando or ano		
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balance	Outstanding at Close of	This	Period
	4000.00			0.00		400	0.00	
9 9		9	7	4		9 9	-	
TERMS Date Incurred		D	Date Due	Interest (If none,		Secure	d:	
M06 ^M / P19 ^D / Y Ž0)1Ž ^Y	M M / D D	/ Y	YYY		% (apr)	s	K No
List All Endorsers or Guarant	ors (if any) t	o Loan Source						
1. Full Name (Last, First, Midd	dle Initial)			Name of Employer				
Mailing Address			- 1	Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	,			
2. Full Name (Last, First, Middle)	le Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7	9		
3. Full Name (Last, First, Midd	le Initial)	-		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		y		
4. Full Name (Last, First, Middl	le Initial)			Name of Employer				
Mailing Address			- 1	Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	7	7		
SUBTOTALS This Period This Page	ge (optional)			·····		400	0.00	
TOTALS This Period (last page in	this line only	/)				7		Ħ
1 2 11 120 1 11 10 1 0 1 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 1		·, ···································				7 7		_
Carry outstanding balance only to	D LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of S	umm	nary.

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

FOR LINE NUMBER: (check only one)

PAGE 14

13a

OF

						130		
	ME OF COMMITTEE (In Full) ennis Anderson for Congre	ess			Transa	ction ID : SC/10.5053		
	LOAN SOURCE Full Name (Last, Anderson, Dennis, , ,	First, Mid	☐ Memo Item	Primary				
1	Mailing Address P.O. Box 8587							
	City Gurnee		State IL	ZIP Co	de	✗ Personal Funds of the Candidate		
	Original Amount of Loan	Cumulative Payment To Dat		Date Ba	ance Outstanding at Close of This Period			
	3000.00			ymont 10	0.00	3000.00		
-				Date Due	e Interest Rate Secured: (If none, enter 0)			
	M07 ^M / D20 ^D / Y Ž01Ž Y M M / D D / Y				Noně ^Y 0.00			
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
-	1. Full Name (Last, First, Middle I	Initial)			Name of Employer			
	Mailing Address				Occupation			
_	City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
7	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation			
	City	ZIP Code	ZIP Code Guarant		Amount Guaranteed			
	City State ZIP (3. Full Name (Last, First, Middle Initial)				Outstanding: Name of Employer	7 7		
'	5. Full Name (Last, First, Middle II	iiliai)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7		
7	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer			
					Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7		
SU	BTOTALS This Period This Page (optional)				2000.00		
	TOTALS This Period (last page in this line only)							
						, , , , , , , , , , , , , , , , , , ,		
Ca	rry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.		

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

PAGE 15 OF 19

FOR LINE NUMBER: (check only one)

| X | 13a |

			Detailed Sum	nmary Page	13b	
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress				Transacti	ion ID : SC/10.5052	
LOAN SOURCE Full Name (Last, First, Michael Anderson, Dennis, , , Mailing Address P.O. Box 8587	ddle Initial)		☐ Me	emo Item	Election: 2012 Primary General Other (specify) ▼	
City Gurnee	State ZIP Code IL 60031				Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Payment To Date			Balan	ce Outstanding at Close of This Period	
2500.00	(If none, enter				2500.00	
TERMS Date Incurred				nterest Rate Secured: If none, enter 0)		
M07 ^M / D25 ^D / Y Ž01Ž				0.0	0/ () Yes X No	
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:		7	
2. Full Name (Last, First, Middle Initial)		1	Name of Employ	yer		
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle Initial)	1	Name of Employer				
Mailing Address			Occupation			
City State	ZIP Code	(Amount Guaranteed Outstanding:		, , , , , ,	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address			Occupation			
City	ZIP Code		Amount Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (optional) 2500.00 TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 2 Sch	andula D. for this	line If no	Cabadula D		and to communicate line of Communicate	

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

PAGE 16 OF FOR LINE NUMBER: **X** 13a (check only one)

19

13b Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Anderson, Dennis, , , General X Mailing Address P.O. Box 8587 Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D31 D ^M80^M Ž01Ž Noně x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 17
FOR LINE NUMBER: (check only one)

13a

OF

		130			
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress		Transaction ID : SC/10.5142			
LOAN SOURCE Full Name (Last, First, Mi Anderson, Dennis, , ,	Memo Item Election: 2012 Primary				
Mailing Address P.O. Box 8587		✓ General Other (specify) ▼			
City	State	ZIP Code 60031 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa				
2700.00	,	0.00 2700.00			
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)			
M10M / D01D / Y Z01Z Y	M M / D D	/ Noně Y 0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
01	710.0	Amount Guaranteed			
City	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		2700.00			
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

PAGE 18 OF
FOR LINE NUMBER:
(check only one)

R: 13a

		130			
NAME OF COMMITTEE (In Full) Dennis Anderson for Congress		Transaction ID : SC/10.5265			
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	Memo Item Election: 2012			
Anderson, Dennis, , ,					
Mailing Address P.O. Box 8587		X General Other (specify) ▼			
City	State	ZIP Code Personal Funds of the Candidate			
Gurnee	IL	60031			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
250.00		0.00 250.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M01M / D29D / Y 2013 Y	M M / D D	7 / Y Ňoně Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	1	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	•	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		250.00			
TOTALS This Period (last page in this line only	ly)	······································			
Carry outstanding balance only to LINE 3, Sc	hedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

PAGE 19
FOR LINE NUMBER: (check only one)

X 13a

OF

						130		
	ME OF COMMITTEE (In Full) ennis Anderson for Congre	ess			Transa	ction ID : SC/10.5880		
	LOAN SOURCE Full Name (Last, Anderson, Dennis, , ,	☐ Memo Item	Election: 2014 Primary					
L	Mailing Address P.O. Box 8587				General Other (specify) ▼			
	City			ZIP Co	de	Personal Funds of the Candidate		
	Original Amount of Loan Cumulative Payment To 10000.00 TERMS Date Incurred Date Due					Totochai Fanas of the Canadate		
					Date Balance Outstanding at Close of This Period			
					0.00 10000.00			
					Interest Rate (If none, enter 0) N/A O.00 (apr) Secured: Yes No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
		_			Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
7	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation			
_					Amount Guaranteed			
	City	State	ZIP Code			9 1 9 1 9		
;	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation			
-		1			Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	7		
7	4. Full Name (Last, First, Middle Ir	nitial)	•	Name of Employer				
	Mailing Address				Occupation Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	y		
SII	RTOTALS This Period This Page (ontional)						
	SUBTOTALS This Period This Page (optional) 10000.00							
TO	TOTALS This Period (last page in this line only)▶ 69950.00							
Ca	rry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.		