PAGE 1 / 30

FEC FORM 3

FE5AN018

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authorize	d Committee	Offic	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Dennis Anderson for	Congress			
ADDRESS (number and street)	P.O. Box 8587			
Check if different than previously reported. (ACC)	Gunree		IL 6003	1
2. FEC IDENTIFICATION	NUMBER ▼C	:ITY A	STATE A	ZIP CODE
C C00507459	3. IS <sup>-</sup> REI	THIS X NEW PORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Co.)  (a) Quarterly Reports:  April 15 Quarterly  July 15 Quarterly	/ Report (Q1)	Day <b>PRE</b> -Election Report for the Primary (12P)  Convention (12C)	: General (12G) Special (12S)	Runoff (12R)
X July 15 Quarterly October 15 Quar		ction on	/ Y = Y = Y	in the State of
January 31 Year-	End Report (YE) (c) 30-E	Day <b>POST</b> -Election Report for th	ne:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Repo		ction on	/ Y " Y " Y " Y	in the State of
5. Covering Period	04 01 Y Y 2014		M / D D / Y 30	Y Y Y 2014
I certify that I have examined  Type or Print Name of Treasu		of my knowledge and belief it is	true, correct and con	nplete.
	rett P. Smiley	[Electronically Filed]	Date 07	15 / Y Y Y Y Y Y 2014
NOTE: Submission of false, erro	oneous, or incomplete informat	ion may subject the person signin	ng this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 30

Write or Type Committee Name

### **Dennis Anderson for Congress**

04 06 30 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 3975.00 26229.70 (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) 3975.00 26229.70 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 11423.45 25244.39 (from Line 17) ..... (b) Total Offsets to Operating 0.00 74.48 Expenditures (from Line 14)..... (c) Net Operating Expenditures 11423.45 25169.91 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 3749.43 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 59950.00 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 12/2003)

PAGE 3 / 30

Write or Type Committee Name

### **Dennis Anderson for Congress**

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
1. (	CONTRIBUTIONS (other than loans) FROM:					
(	a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Schedule A)	1355.00	18690.00			
	(ii) Unitemized	1620.00	6039.70			
	(iii) TOTAL of contributions from individuals	2975.00	24729.70			
(	b) Political Party Committees	0.00	0.00			
(	c) Other Political Committees (such as PACs)	1000.00	1500.00			
`	d) The Candidate	0.00	0.00			
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3975.00	26229.70			
	TRANSFERS FROM OTHER	0.00	0.00			
	OANS:	7	7			
	a) Made or Guaranteed by the	0.00	050.00			
	Candidate	0.00	250.00			
`	b) All Other Loans	0.00	0.00			
(1	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	250.00			
	DFFSETS TO OPERATING					
	EXPENDITURES Refunds, Rebates, etc.)	0.00	74.48			
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00			
1	TOTAL RECEIPTS (add Lines   11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	3975.00	26554.18			

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	11423.45	25244.39
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN 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.	REF	FUNDS 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.	OTI	HER DISBURSEMENTS	0.00	0.00
22.	. •	TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	11423.45	25244.39
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	11197.88
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	3975.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		15172.88
26.	то	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	11423.45
17	CAS	SH ON HAND AT CLOSE OF REPORTING	G PERIOD	3749.43

# SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF Use separate schedule(s) (check only one) 11a 11b 11c

30

for each category of the ITEMIZED RECEIPTS 11d Detailed Summary Page 12 13a 13b 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) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) Judith Gottlieb Date of Receipt Mailing Address 2814 Regner Rd 2014 14 City State Zip Code Transaction ID: SA11AI.5475 IL 60051 McHenry FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary X General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Martha Hanna Date of Receipt Mailing Address 213 Evergreen Dr 14 2014 City State Zip Code Transaction ID: SA11AI.5560 Batavia IL 60510 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 35.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date M General Primary 245.00 Other (specify) Full Name (Last, First, Middle Initial) Martha Hanna Date of Receipt Mailing Address 213 Evergreen Dr 2014 14 City State Zip Code Transaction ID: SA11AI.5474 IL Batavia 60510 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 35.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date X General Primary 280.00 Other (specify) 570.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 6 OF 30 (check only one) 11a 11b 11c Detailed Summary Page 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 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) **Dennis Anderson for Congress** Full Name (Last, First, Middle Initial) Martha Hanna Date of Receipt Mailing Address 213 Evergreen Dr 06 2014 23 City State Zip Code Transaction ID: SA11AI.5496 IL 60510 Batavia FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 35.00 Name of Employer Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date Primary X General 315.00 Other (specify) Full Name (Last, First, Middle Initial) Nancy Hardy Date of Receipt Mailing Address 12721 Golf View Drive 14 2014 City State Zip Code Transaction ID: SA11AI.5473 Huntley IL 60142 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Retired Teacher None Receipt For: 2014 Election Cycle-to-Date M General Primary 345.00 Other (specify) Full Name (Last, First, Middle Initial) Linda Pille Date of Receipt Mailing Address 28790 Calumet Avenue 2014 23 City State Zip Code Transaction ID: SA11AI.5497 IL Warrenville 60555 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date X General Primary 500.00 Other (specify) 635.00 SUBTOTAL of Receipts This Page (optional)..... 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 (check only one)

FOR LINE NUMBER:				PAGE	:	/	OF		30	
(check only one)										
X	11a		11b		11c		11	d		_
	12		13a		13b		14	ļ		15

		Statements may not be sold or used by any pe e name and address of any political committee	
	NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress		
Α.	Full Name (Last, First, Middle Initial)  Martha Swanson  Mailing Address 5615 Ridgeway Road		Date of Receipt
	City Ringwood	State Zip Code IL 60072	05 27 2014 Transaction ID : SA11AI.5490
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	30.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
В.	Full Name (Last, First, Middle Initial)  Martha Swanson  Mailing Address 5615 Ridgeway Road		Date of Receipt
	City	State Zip Code	06 23 2014 Transaction ID : SA11AI.5501
	Ringwood	IL 60072	Transaction ib . SATTAL5501
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	100.00
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 350.00	
_	Full Name (Last, First, Middle Initial)		Date of Receipt
C.	Mailing Address		M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For:  Primary General Other (specify)		
Г	SUBTOTAL of Receipts This Page (optional)		150.00 1355.00

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

	FOR LINE NUMBER:					PAGE		8 OF	=	30		
Use separate schedule(s)	(cl	(check only one)										
for each category of the		1	1a		11b	X	11c		11d			
Detailed Summary Page		1	2		13a		13b		14		15	
not be sold or used by any person for the purpose of soliciting contributions												

			ourninary i	9-		12		13a	13b	14	15	j			
Any information copied from such Reports and or for commercial purposes, other than using the															
NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress			,												
Full Name (Last, First, Middle Initial)  IL Political Active Letter Carriers						Data a	4 D.					_			
A. Mailing Address PO Box 561					Date of Receipt  06 16 2014										
City Overland Park	State IL	Zip Co 60462			Transaction ID : SA11C.5492										
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period										
Name of Employer	Occupation	า					-			1000	0.00				
Receipt For: 2014  Primary X General  Other (specify)	Election C	ycle-to-Date		00.00											
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)							Date of Receipt							
B. Mailing Address					M M / D D / Y Y Y Y										
City	State	Zip Co	de												
FEC ID number of contributing federal political committee.						Amoun	nt of	Each I	Receipt t	his Period	d	1			
Name of Employer	Occupation						-	7							
Receipt For:  Primary General Other (specify)		ycle-to-Date													
Full Name (Last, First, Middle Initial)						Date o	of Re	eceipt				_			
C. Mailing Address						M M	/	D	) / Y	YYY	Υ				
City	State	Zip Co	de												
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period										
Name of Employer	Occupation	า				_	_	,							
Receipt For:  Primary General Other (specify)	Election C	ycle-to-Date	,												
SURTOTAL of Possints This Dogs (anticare)	JBTOTAL of Receipts This Page (optional)						Ŧ			1000	.00	Ī			
TOTAL This Period (last page this line number					-	亡	7	-		1000	.00				

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

Image# 14961627764											
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)  X 17 18 20a 20b	PAGE 9 O	F 30							
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)  Dennis Anderson for Congress											
Full Name (Last, First, Middle Initial)		Date of Disbursement									

or			sing the name and address of any poli	tical committee	to solicit contributions from such committee.
$\rangle$	Dennis And	ITTEE (In Full) erson for Cong	ress		
Α.	Act Blue	First, Middle Initial)			Date of Disbursement
	Mailing Address	14 Arrow St, Suite 11			04 01 2014
	City Cambridge		State Zip Code MA 02138		Amount of Each Disbursement this Period
	Purpose of Disbur Credit Card Proce	rsement essing Fee			2.38
	Candidate Name			Category/ Type	Transaction ID : SB17.5562
	Office Sought:	House Senate President District:	Disbursement For: 2014 Primary General Other (specify)		
		First, Middle Initial)			
В.	Act Blue			Date of Disbursement	
		14 Arrow St, Suite 11		04 06 _ 2014 _	
	City Cambridge		State Zip Code MA 02138		Amount of Each Disbursement this Period
	Purpose of Disbur Credit Card Proce	rsement essing Fee	NUT 02130		1.19
	Candidate Name			Category/ Type	Transaction ID : SB17.5563
	Office Sought: State:	House Senate President District:	Disbursement For: 2014  Primary General Other (specify)		
	Full Name (Last, F	First, Middle Initial)			
C.	Act Blue				Date of Disbursement
	Mailing Address	14 Arrow St, Suite 11			04 27 7 2014
	Combridge		State Zip Code		Amount of Each Disbursement this Period
	Cambridge Purpose of Disbur Credit Card Proce	rsement essing Fee	MA 02138		5.34
	Candidate Name			Category/ Type	Transaction ID : SB17.5564
	Office Sought:	House Senate President District:	Disbursement For: 2014 Primary General Other (specify)		
	Otato.	5.50.100			
s	SUBTOTAL of Disb	ursements This Page	(optional)		8.91
т	OTAL This Period	(last page this line ne	umber only)		

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	CHEDULE B (FEC EMIZED DISBURS	•	Use separate scl for each categor Detailed Summa	nedule(s) ( y of the	FOR LINE NUMBER: PAGE 10 OF 30 (check only one)    X   17						
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Dennis Anderson	,									
Α.	Full Name (Last, First, Mid Act Blue	dle Initial)			Date of Disbursement						
	Mailing Address 14 Arrow	St, Suite 11		05 04 2014							
	City Cambridge Purpose of Disbursement	State MA	Zip Code 02138		Amount of Each Disbursement this Period						
	Credit Card Processing Fe	e		Category/ Type	Transaction ID : SB17.5565						
	Pre	nate Primary		1,500	_						
В.	State: District: Full Name (Last, First, Mid Act Blue	dle Initial)			Date of Disbursement						
	Mailing Address 14 Arrow	St, Suite 11	05 26 2014								
	City Cambridge	State MA	Zip Code 02138		Amount of Each Disbursement this Period						
	Purpose of Disbursement Credit Card Processing Fe Candidate Name	ee		Category/	1.39 Transaction ID : SB17.5566						
		nate Primar	-	Туре							
_	Full Name (Last, First, Mid	dle Initial)			Date of Disbursement						
C.	Act Blue  Mailing Address 14 Arrow	St, Suite 11			Date of Disbursement  M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O						
	City Cambridge Purpose of Disbursement Credit Card Processing Fe Candidate Name	State Z MA	Category/	Amount of Each Disbursement this Period  1.39  Transaction ID : SB17.5567							
	Ser	Disbursement Formate Primary Sident Other (		Туре							

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

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

24.71

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (a of the	FOR LINE NUMBER: PAGE 11 OF 30 check only one)    X   17
	y information copied from such Reports and Statement for commercial purposes, other than using the name a			
$\rangle$	NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress			
	Full Name (Last, First, Middle Initial) Act Blue			Date of Disbursement
	Mailing Address 14 Arrow St, Suite 11			06 15 2014
	City State Cambridge MA	Zip Code 02138		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee			23.70 Transaction ID : SB17.5568
	Candidate Name		Category/ Type	
	Office Sought:  House Senate Prim President  Othe  State:  Disbursement Othe		,	
	Full Name (Last, First, Middle Initial)  Act Blue			2. (2.)
3.	Mailing Address 14 Arrow St, Suite 11	Date of Disbursement    M M / D D / Y Y Y Y Y   Y   O D   O D   O D   O D   O D D   O D D D D		
	City State			
	Cambridge MA Purpose of Disbursement	Zip Code 02138		Amount of Each Disbursement this Period  3.95
	Credit Card Processing Fee  Candidate Name			Transaction ID : SB17.5570
		F	Category/ Type	
		er (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
).	American Legion			Date of Disbursement
	Mailing Address			05 28 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Space Rental			250.00
	Candidate Name		Category/ Type	Transaction ID : SB17.5533
	Office Sought: House Disbursement Senate Prim President Othe			
	State: District:	ы (эреспу)		
				277.65

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

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

	go																
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sch		FOR LI	only	one)	R:	_		2 OF						
•	EMIZED DISBURSEMENTS		Detailed Summar			-	17 20a	H	18 20b	19a 20d		19b 21					
	ny information copied from such Reports and St for commercial purposes, other than using the					for th	ne purp		of soli	citing co	ntribu	tions					
$\rangle$	NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress																
۹.	Full Name (Last, First, Middle Initial) CFO - Compliance					Date of Disbursement											
	Mailing Address One Park Row Fifth Floor				06 21 2014												
	City Providence	State RI	Zip Code 02903	•				Amount of Each Disbursement this Period									
	Purpose of Disbursement Compliance Consulting				Trai	neac	tion ID		317 55		605.0	0					
	Candidate Name			Category, Type		1000		. 0.	317.00	10							
	Office Sought: House Disbur Senate President	Primary Other (s	X General														
	State: District:																
3.	Full Name (Last, First, Middle Initial)  Demotrak						of Disbu					-					
	Mailing Address 116 N. Ogden Dr							04 / 04 / 14 / 2014									
	City Los Angeles	State CA	Zip Code 90046		A	mour	nt of Ea	ach	Disbur	sement t		-					
	Purpose of Disbursement Communications Consulting					250.00 Transaction ID : SB17.5513											
	Candidate Name			Category, Type	//												
	Senate President	Primary Other (s	X General														
	State: District: Full Name (Last, First, Middle Initial)																
Э.	Demotrak						of Disbu	ırse	ment								
	Mailing Address 116 N. Ogden Dr					м М 05	/	2		201							
	City Sta Los Angeles C		O Code 0046		A	mour	nt of Ea	ach	Disbur	sement tl	nis Pe	eriod					
	Purpose of Disbursement Communications Consulting					Transaction ID : SB17.5535						00					
	Candidate Name			Category, Type		isaUl	עו ווטו.	. 36	. 17.333	,,							
	Office Sought: House Disbur Senate President	Primary Other (s	X General														
	State: District:		· • •														

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

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

1580.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 30 (check only one)    X   17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress	, , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial)  A. Brian Herman  Mailing Address 630 Gelden Lane		Date of Disbursement  O4 18 2014
City Stat Lindenhurst IL  Purpose of Disbursement Payrol  Candidate Name	60046 Catego	
President Oth State: District:	t For: 2014 mary X General ner (specify)	e
Full Name (Last, First, Middle Initial)  North Shore Printers  Mailing Address 535 South Sheridan Road		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stat Waukegan IL Purpose of Disbursement Printing- Field	e Zip Code 60085	Amount of Each Disbursement this Period 528.25
Candidate Name	Catego Typo	
	t For: 2014 mary X General ner (specify)	
Full Name (Last, First, Middle Initial)  North Shore Printers  Mailing Address		Date of Disbursement
Mailing Address 535 South Sheridan Road  City State Waukegan IL	Zip Code 60085	Amount of Each Disbursement this Period
Purpose of Disbursement Printing- Fundraising	00000	272.87 Transaction ID : SB17.5546
	t For: 2014 mary X General ner (specify)	ory/
SUBTOTAL of Disbursements This Page (optional)		3801.12

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

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age# 14961627769			
CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: PAGE 14 OF 30 (check only one)    X   17
y information copied from such Reports and Statements for commercial purposes, other than using the name ar			
NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress			
Full Name (Last, First, Middle Initial)  North Shore Printers			Date of Disbursement
Mailing Address 535 South Sheridan Road			06 30 2014
City State Waukegan IL	Zip Code 60085		Amount of Each Disbursement this Period
Purpose of Disbursement Printing- Fundraising  Candidate Name		Category/	318.86 Transaction ID : SB17.5541
State: District:		Туре	
Full Name (Last, First, Middle Initial)  Jim Rauh  Mailing Address 201 S. West St			Date of Disbursement  M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City State Crown Point IN	Zip Code 46307		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll  Candidate Name		Category/ Type	1800.00 Transaction ID : SB17.5516
Office Sought:  Senate President  State:  Disbursement Prim Othe	-	туре	
Full Name (Last, First, Middle Initial)  Jim Rauh  Mailing Address 201 S. West St			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Crown Point IN	Zip Code 46307		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	.330.		2065.56
Candidate Name		Category/ Type	Transaction ID : SB17.5530

Office Sought:

State:

House

Senate President

District:

Disbursement For: 2014

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

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

Primary

Other (specify)

X General

В.

C.

4184.42

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 30 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by d address of any political con	any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Dennis Anderson for Congress		
Full Name (Last, First, Middle Initial)  A. Jim Rauh		Date of Disbursement
Mailing Address 201 S. West St		06 18 2014
City State Crown Point IN	Zip Code 46307	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	Coto	120.00 Transaction ID : SB17.5538
Office Sought: House Disbursement F Senate Prima		
Full Name (Last, First, Middle Initial)  Jim Rauh  Mailing Address 201 S. West St		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Crown Point IN	Zip Code 46307	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement Candidate Name	Cate	
Office Sought:  House Senate President  State:  Disbursement F Prima Other		
Full Name (Last, First, Middle Initial)  Stars and Stripes  Mailing Address 7560 W 100th P		Date of Disbursement
	Zip Code	Amount of Each Disbursement this Period
Bridgeview IL  Purpose of Disbursement Printing- Field	60455	344.30 Transaction ID : SB17.5524
Office Sought: House Disbursement F Senate Prima	ıry 🔀 General	gory/
State: President Other	(specify)	

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

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

721.73

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	FOR LINE NUMBER:					16	OF	30
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ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.									

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		ed from such Reports								
\	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)									
$\rangle$		erson for Cong	ress							
	Full Name (Last, F	rirst, Middle Initial)								
۹.	USPS	,				Date	of Disbu	ursement	Y	Y
	Mailing Address 1	1 North Oplaine Road					4	21	2014	
	City		State	Zip Code		Amo	unt of Fa	ach Disburse	ement this P	eriod
	Gurnee		IL	60031		]	=(		5 1	
	Purpose of Disburg Postage	rsement		<u> </u>		Transa	iction ID	: SB17.5515	116.0 5	00
	Candidate Name				Category/ Type				-	
	Office Sought:	House	Disbursement For:	2014						
	-	Senate	Primary	X General						
		President	Other (sp							
		District:								
	Full Name (Last, F	irst, Middle Initial)			_ <del></del>					
В.	USPS						of Disbu		Y " Y " Y " ,	Y
	Mailing Address 1 North Oplaine Road  M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City		State	Zip Code		Amor	unt of Fa	ach Dishure	ement this P	eriod
Gurnee IL 60031									-	
	Purpose of Disburg Postage	rsement			<u> </u>	Trans	action In	: SB17.5519		60
	Candidate Name				Category/ Type	TIANSE	action ID	. 351 مود .	•	
	Office Sought:	House	Disbursement For:	2014	.,,,,,	-				
	<del>-</del> - <del>-</del> <del>-</del>	Senate	Primary	General						
		President	Other (sp							
	State:	District:								
	Full Name (Last, F	rirst, Middle Initial)								
C.	•	•				Date	of Disbu	ursement		
٠.						М	M /	D D /	Y Y Y Y	<b>Y</b>
	Mailing Address						_			
	City State Zip Code Amount of Each Disbursement this Period						eriod			
	Purpose of Disbursement									
	Candidate Name				Category/ Type					
	Office Sought:	House	Disbursement For:							
		Senate	Primary	General						
	- · ·	President	Other (sp	pecify)						
	State:	District:								
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S	UBTOTAL of Disbu	ursements This Page	(optional)						121.6	JU
		-					7		10720.	14
Т	OTAL This Period	(last page this line no	umber only)						10120.	

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(check only one) Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) ulletP.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>16<sup>D</sup> <sup>M</sup> 12<sup>M</sup> 2011 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 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

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Detailed Summary Page Transaction ID: SC/10.4275 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) ulletP.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 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

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Detailed Summary Page Transaction ID: SC/10.4338 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4284 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 010 <sup>M</sup> 03<sup>M</sup> Ž012 <sup>M</sup>09 0011 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 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

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4467 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code 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: 04 <sup>M</sup> 05<sup>M</sup> Ž012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4634 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 02 <sup>M</sup> 06<sup>M</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 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.

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DANS			Detailed Summary Pa	
AME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.4636
Dennis Anderson for Cong	ress			
LOAN SOURCE Full Name (Las	t, First, Middle	e Initial)		Election: 2012
Dennis Anderson				Primary  General
Mailing Address P.O. Box 8587				Other (specify) ▼
City	St	ate ZIP Co	de	
Gurnee		IL 60031		
Original Amount of Loan		Cumulative Payment To	Date Bal	ance Outstanding at Close of This Perio
	100.00	2	0.00	400.00
Date Incurred  M 06	у у У 2	Date Due	Interest Rat	te Secured:
List All Endorsers or Guarantor	s (if anv) to I	oan Source		Yes No
Full Name (Last, First, Middle)	,		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4637 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 18<sup>D</sup> <sup>M</sup>06<sup>M</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4638 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>19<sup>D</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 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.

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Detailed Summary Page Transaction ID: SC/10.5053 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 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.

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Detailed Summary Page Transaction ID: SC/10.5052 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 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.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code 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: <sup>D</sup>31 <sup>M</sup>08<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

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Detailed Summary Page Transaction ID: SC/10.5142 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2700.00 0.00 2700.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 10<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.5265 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01<sup>M</sup> <sup>D</sup>29<sup>D</sup> 2013 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 250.00 TOTALS This Period (last page in this line only) ...... 59950.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.