

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ERIKA FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 27 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	28467.33	277291.99
(b) Total Contribution Refunds (from Line 20(d))	5700.00	5700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	22767.33	271591.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	147118.71	259089.99
(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)).....	147118.71	259089.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12502.00	
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: M M / D D / Y Y Y Y 02 / 27 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

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).....	16725.33	206143.45
(ii) Unitemized.....	10742.00	50848.77
(iii) TOTAL of contributions from individuals ▶	27467.33	256992.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	17750.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28467.33	277291.99
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)..... ▶	28467.33	277291.99

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	147118.71	259089.99
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	2700.00	2700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5700.00	5700.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	152818.71	264789.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	136853.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28467.33
25. SUBTOTAL (add Line 23 and Line 24).....	165320.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	152818.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12502.00

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

Form/Schedule: F3A
Transaction ID :

Per pre-termination audit, this report is amended to reflect changes to prior reports, and to correct incremental merchant processing fees previously reported incorrectly.

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: PAGE 6 OF 57
(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)
Diane Atwood

Mailing Address 1500 N Lake Shore Dr

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation
SMF, Inc QA Auditor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11AI.7456

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1809 Vale St

City State Zip Code
Champaign IL 61822

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

Name of Employer Occupation
University of Illinois Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2014

Transaction ID : SA11AI.7368

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Mailing Address 1325 G STREET, N.W.
SUITE 500

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00300921

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2014

Transaction ID : SA11AI.6413

Amount of Each Receipt this Period
1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<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)
William Bremer

Mailing Address 5739 S Kimbark Ave

City Chicago State IL Zip Code 60637

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : SA11AI.7427

Amount of Each Receipt this Period
 250.00

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

Mailing Address 14 Colonial Drive

City Rancho Mirage State CA Zip Code 92270

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
 03 / 28 / 2014

Transaction ID : SA11AI.7990

Amount of Each Receipt this Period
 2600.00
 In-kind - Room rental for campaign event

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

Mailing Address 4932 Park Drive

City Clinton State IL Zip Code 61727

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.7275

Amount of Each Receipt this Period
 500.00

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

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

3350.00

**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 57
	<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)
LOIS ELDER

Mailing Address 1616A LAKESIDE DR

City State Zip Code
CHAMPAIGN IL 61821

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
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.7511

Amount of Each Receipt this Period
500.00

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

Mailing Address 130 East Williams

City State Zip Code
Decatur IL 62523

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

Name of Employer Occupation
Haines and Essick Sales clerk

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.7294

Amount of Each Receipt this Period
250.00

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

Mailing Address 188 E. 78th. St. Ph A

City State Zip Code
New York NY 10075

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014

Transaction ID : SA11AI.7566

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 9 OF 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Goin

Mailing Address 3501 Lakeshore Dr

City Champaign State IL Zip Code 61822

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.7350

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
M. Ellen Graves

Mailing Address 2339 S Staley Rd

City Champaign State IL Zip Code 61822

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

Name of Employer Graves Farms Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11AI.7250

Amount of Each Receipt this Period
250.00

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

Mailing Address 733 Somerdale Dr
0

City Webster State NY Zip Code 14580

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

Name of Employer Populus Group Occupation Electrical Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.7458

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<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) Richard Hough		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 127 Pinckney Road		Transaction ID : SA11AI.7992
City Little Silver	State NJ	Zip Code 07739-0000
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Silvercrest Asset Management	Occupation CEO	In-kind - food and beverage
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Al Johnson		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 112 S Hanley Rd Suite 200		Transaction ID : SA11AI.7398
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Timothy Kapshandy		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 6 North Michigan #703		Transaction ID : SA11AI.7677
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Engineer	Occupation The Babcock & Wilcox Company	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
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: PAGE 12 OF 57
(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)
Carmen Marino

Mailing Address 225 W 83rd Street - Apt 4K

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
StormHarbour Partners finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.7221

Amount of Each Receipt this Period
1000.00

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

Mailing Address 225 W 83rd Street - Apt 4K

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
StormHarbour Partners finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.7356

Amount of Each Receipt this Period
250.00

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

Mailing Address 225 W 83rd Street - Apt 4K

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
StormHarbour Partners finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11AI.7422

Amount of Each Receipt this Period
850.00

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

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

2100.00

**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 57
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Judy Morrill

Mailing Address 310 Riverside Drive
Apt. 2001

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
Silvercrest Asset Management Portfolio Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.33

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.7988

Amount of Each Receipt this Period
275.33

In-kind - food and beverage

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

Mailing Address 16297 STATE Hwy
10

City State Zip Code
Clinton IL 61727

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

Name of Employer Occupation
NA NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11AI.7276

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Sara Jean Peters

Mailing Address 1008 Galen Dr

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Fairfax County Police Dept Police 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
03 / 09 / 2014

Transaction ID : SA11AI.7429

Amount of Each Receipt this Period
250.00

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

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

675.33

**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 57
	<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)
W. Scott Proctor

Mailing Address 2414 N Nottingham Ct

City Champaign State IL Zip Code 61821

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
 03 / 03 / 2014

Transaction ID : SA11AI.7254

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mary Ann Randle

Mailing Address 290 FonduLac Dr
0

City East Peoria State IL Zip Code 61611

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : SA11AI.7425

Amount of Each Receipt this Period
 150.00

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

Mailing Address P O Box 132

City Philo State IL Zip Code 61864

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

Name of Employer self-employed Occupation Contrarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : SA11AI.7414

Amount of Each Receipt this Period
 250.00

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

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

650.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 57
(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)
Paul Smith

Mailing Address 604 West Stoughton
#12

City Urbana State IL Zip Code 61801

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.7282

Amount of Each Receipt this Period
 500.00

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

Mailing Address 604 West Stoughton
#12

City Urbana State IL Zip Code 61801

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.7284

Amount of Each Receipt this Period
 500.00

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

Mailing Address 148 13th Street SW

City Largo State FL Zip Code 33770

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11AI.7280

Amount of Each Receipt this Period
 500.00

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

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

1500.00

16725.33

**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 57	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Mailing Address 1325 G STREET, N.W.
SUITE 500

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00300921

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11C.7303

Amount of Each Receipt this Period
1000.00

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).....

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 17 OF 57			
	<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 03 / 04 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 61.40
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant processing fees	Transaction ID : SB17.7754
Candidate Name	001 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. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 600.79
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant processing fees	Transaction ID : SB17.7843
Candidate Name	001 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. Connie Beard		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 2903 Southfork		Amount of Each Disbursement this Period 237.83
City Bloomington	State IL	
Zip Code 61704	Purpose of Disbursement Reimbursement for campaign expenses	Transaction ID : SB17.7807
Candidate Name	001 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).....	900.02
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 18 OF 57			
	<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 03 / 09 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airline baggage fee	Category/Type 002	Transaction ID : SB17.7807.6 [MEMO ITEM]
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 03 / 09 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airline baggage fee	Category/Type 002	Transaction ID : SB17.7807.7 [MEMO ITEM]
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. PHIL BLOOMER		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 850.88
City ST. JOSEPH	State IL Zip Code 61873	
Purpose of Disbursement Contractual compensation for campaign services	Category/Type 001	Transaction ID : SB17.7853
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).....	850.88
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 19 OF 57	
	<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. Carpenter Street Hotel		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 525 N 6th St		Amount of Each Disbursement this Period 54.88
City Springfield	State IL	
Zip Code 62702	Purpose of Disbursement Hotel room	002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
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. Carpenter Street Hotel		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 525 N 6th St		Amount of Each Disbursement this Period 54.88
City Springfield	State IL	
Zip Code 62702	Purpose of Disbursement Hotel room	002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
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. Cass Cable TV		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 100 Redbud Rd		Amount of Each Disbursement this Period 3998.28
City Virginia	State IL	
Zip Code 62691	Purpose of Disbursement Advertisement purchase	004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
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).....	4108.04
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 20 OF 57	
	<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. Champaign Post Master/USPS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 2001 N Mattis Ave		Amount of Each Disbursement this Period 11235.80
City Champaign State IL Zip Code 61821	Purpose of Disbursement Campaign advertisement postage purchase	
Candidate Name	Category/Type 001	Transaction ID : SB17.7889
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. Champaign Post Master/USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 2001 N Mattis Ave		Amount of Each Disbursement this Period 10995.37
City Champaign State IL Zip Code 61821	Purpose of Disbursement Campaign advertisement postage purchase	
Candidate Name	Category/Type 001	Transaction ID : SB17.7888
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. Charter Media		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 1650 Des Peres Rd Suite 300		Amount of Each Disbursement this Period 6000.00
City St Louis State MO Zip Code 63131	Purpose of Disbursement Advertisement purchase	
Candidate Name	Category/Type 004	Transaction ID : SB17.7881
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).....	28231.17
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 21 OF 57			
	<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. Charter Media		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1650 Des Peres Rd Suite 300		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.7882
City St Louis	State MO Zip Code 63131	
Purpose of Disbursement Advertisement purchase	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. Robert Chovanec		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 14 Colonial Drive		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.7991
City Rancho Mirage	State CA Zip Code 92270	
Purpose of Disbursement In-kind - Room rental for campaign event	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Circle K		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 1713 W John		Amount of Each Disbursement this Period 56.57 Transaction ID : SB17.7750
City Champaign	State IL Zip Code 61820	
Purpose of Disbursement Gas	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).....	8656.57
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 22 OF 57	
	<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. Comcast Cable

Mailing Address 303 E Fairlawn Dr

City Urbana State IL Zip Code 61801

Purpose of Disbursement Advertisement purchase

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 10500.00

Transaction ID : SB17.7886

Category/Type: 004

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

Mailing Address 303 E Fairlawn Dr

City Urbana State IL Zip Code 61801

Purpose of Disbursement Advertisement purchase

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2014

Amount of Each Disbursement this Period: 14500.00

Transaction ID : SB17.7890

Category/Type: 004

Full Name (Last, First, Middle Initial)
c. Comcast Cable

Mailing Address 303 E Fairlawn Dr

City Urbana State IL Zip Code 61801

Purpose of Disbursement Advertisement purchase

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.7820

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional) 25300.00

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 23 OF 57			
	<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. Cromwell Radio Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 410 N Water		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7831
City Decatur	State IL	
Zip Code 62523	Purpose of Disbursement Radio advertisement purchase	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. Cromwell Radio Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 410 N Water		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7840
City Decatur	State IL	
Zip Code 62523	Purpose of Disbursement Radio advertisement purchase	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. Cromwell Radio Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 410 N Water		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.7765
City Decatur	State IL	
Zip Code 62523	Purpose of Disbursement Advertisement purchase advertising	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).....	1080.00
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 25 OF 57	
	<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. DJ Two Rivers Radio		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 1280 W Washington		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.7897
City Pittsfield	State IL	
Zip Code 62363	Purpose of Disbursement Radio advertisement	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. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 548.68 Transaction ID : SB17.7836
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Contractual compensation; reimbursement for postage, office supply	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 03 / 10 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7836.0 [MEMO ITEM]
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Contractual compensation for administrative services	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).....	752.68
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 26 OF 57			
	<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. U.S. Postal Service			Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 202 S. Broadway Ave.			Amount of Each Disbursement this Period 9.31
City Urbana	State IL	Zip Code 61801	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17.7836.1 [MEMO ITEM]
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service			Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address 202 S. Broadway Ave.			Amount of Each Disbursement this Period 3.43
City Urbana	State IL	Zip Code 61801	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17.7836.2 [MEMO ITEM]
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service			Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 202 S. Broadway Ave.			Amount of Each Disbursement this Period 1.47
City Urbana	State IL	Zip Code 61801	
Purpose of Disbursement Postage	Candidate Name		Transaction ID : SB17.7836.3 [MEMO ITEM]
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:	Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 27 OF 57			
	<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. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 9.31
City Urbana State IL Zip Code 61801	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : SB17.7836.4
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 8.82
City Urbana State IL Zip Code 61801	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : SB17.7836.5
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 751.47
City Champaign State IL Zip Code 61821	Purpose of Disbursement Contractual compensation & postage	
Candidate Name	Category/Type	Transaction ID : SB17.7849
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).....	751.47
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 28 OF 57	
	<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 MM / DD / YYYY 03 / 19 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 750.00
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Contractual compensation for administrative services	Transaction ID : SB17.7849.0 [MEMO ITEM]
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. U.S. Postal Service		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 1.47
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Postage	Transaction ID : SB17.7849.1 [MEMO ITEM]
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. Emmis Radio		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 401 S 18th St Suite 100		Amount of Each Disbursement this Period 480.00
City St Louis	State IL	
Zip Code 63103	Purpose of Disbursement Radio advertisement purchase	Transaction ID : SB17.7835
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).....	480.00
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 29 OF 57			
	<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. Emmis Radio		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 401 S 18th St Suite 100		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.7852
City St Louis	State IL Zip Code 63103	
Purpose of Disbursement Advertisement purchase	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. Emmis Radio		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 401 S 18th St Suite 100		Amount of Each Disbursement this Period 430.00 Transaction ID : SB17.7834
City St Louis	State IL Zip Code 63103	
Purpose of Disbursement Advertisement purchase	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. G C Cuisine & Crystal Garden		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1230 University Dr		Amount of Each Disbursement this Period 288.50 Transaction ID : SB17.7814
City Edwardsville	State IL Zip Code 62025	
Purpose of Disbursement Food and beverage and coffee for event	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:		

SUBTOTAL of Disbursements This Page (optional).....	1568.50
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 57			
	<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. Great Plains Radio/WDQZ		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 108 Boeykens Pl		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.7821
City Normal State IL Zip Code 61761	Purpose of Disbursement Advertisement purchase 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. Grow Your Campaign		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address Po Box 17253		Amount of Each Disbursement this Period 99.71 Transaction ID : SB17.7968
City Arlington State VA Zip Code 22216-7253	Purpose of Disbursement Fundraising fees 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) c. Grow Your Campaign		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address Po Box 17253		Amount of Each Disbursement this Period 1214.19 Transaction ID : SB17.7969
City Arlington State VA Zip Code 22216-7253	Purpose of Disbursement List rental fees 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).....	1613.90
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 57	
	<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. Hampton Inns		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 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 room	Category/Type 002	Transaction ID : SB17.7756
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. Erika Harold		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 115 East Holmes		Amount of Each Disbursement this Period 1643.79
City Urbana	State IL Zip Code 61801	
Purpose of Disbursement Reimbursement for campaign expenses	Category/Type 001	Transaction ID : SB17.7863
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 03 / 07 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airline baggage fee	Category/Type 002	Transaction ID : SB17.7863.1 [MEMO ITEM]
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).....	1708.69
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 32 OF 57			
	<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 03 / 07 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airline baggage fee	Category/Type 002	Transaction ID : SB17.7863.2 [MEMO ITEM]
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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 75.33
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Facebook Advertisements	Category/Type 004	Transaction ID : SB17.7863.4 [MEMO ITEM]
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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 751.13
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Facebook advertisements	Category/Type 004	Transaction ID : SB17.7863.5 [MEMO ITEM]
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).....	0.00
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 33 OF 57	
	<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. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 753.01
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Facebook Advertisements	Transaction ID : SB17.7863.6
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period -8.44
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Refund of Facebook advertisement purchase; refund applied to reimbursement total	Transaction ID : SB17.7863.7
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 69.28
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement VFW room rental & gas reimbursement	Transaction ID : SB17.7759
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).....	69.28
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 57			
	<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 01 / 18 / 2014
Mailing Address 1713 W John		Amount of Each Disbursement this Period 44.28
City Champaign	State IL Zip Code 61820	
Purpose of Disbursement Gas reimbursement	Category/Type 002	Transaction ID : SB17.7759.0 [MEMO ITEM]
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. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 234.00
City Urbana	State IL Zip Code 61801	
Purpose of Disbursement Reimbursement for campaign expenses	Category/Type 001	Transaction ID : SB17.7806
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 Garden Inn		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 1501 S Neil St		Amount of Each Disbursement this Period 575.98
City Champaign	State IL Zip Code 61820	
Purpose of Disbursement election night party	Category/Type 001	Transaction ID : SB17.7837
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).....	809.98
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 57	
	<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. Richard Hough		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 127 Pinckney Road		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7993
City Little Silver	State NJ	
Zip Code 07739-0000	Purpose of Disbursement In-kind - food and beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jorn's Signs		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 317 S Main St		Amount of Each Disbursement this Period 200.40 Transaction ID : SB17.7799
City Hillsboro	State IL	
Zip Code 62049	Purpose of Disbursement decal 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:	

Full Name (Last, First, Middle Initial) c. Journal Publications		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address Po BOX 100		Amount of Each Disbursement this Period 130.00 Transaction ID : SB17.7783
City Hillsboro	State IL	
Zip Code 62049	Purpose of Disbursement Yard sign display	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).....	730.40
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 57			
	<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. JTnet, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 788 N. Sunnyside Rd.		Amount of Each Disbursement this Period 2730.00
City Decatur	State IL	
Zip Code 62525	Purpose of Disbursement Advertisement purchase	Transaction ID : SB17.7870
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:		

Full Name (Last, First, Middle Initial) B. Jim Liggett		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1608 Greenridge Dr		Amount of Each Disbursement this Period 204.35
City Urbana	State IL	
Zip Code 61802	Purpose of Disbursement political sign installation fees	Transaction ID : SB17.7801
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:		

Full Name (Last, First, Middle Initial) C. Circle K		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1713 W John		Amount of Each Disbursement this Period 50.00
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Gas	Transaction ID : SB17.7801.0 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	2934.35
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 57	
	<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. Martin, Hood, Friese & Associates LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 2507 South Neil Street			Amount of Each Disbursement this Period 300.00	
City Champaign	State IL	Zip Code 61820	Transaction ID : SB17.7818	
Purpose of Disbursement Campaign administration services		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. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 35.85	
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.7734	
Purpose of Disbursement Gas		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. MEIJER			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014	
Mailing Address 2500 PHILO ROAD			Amount of Each Disbursement this Period 46.24	
City URBANA	State IL	Zip Code 61802	Transaction ID : SB17.7738	
Purpose of Disbursement Gas		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).....	382.09
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 57	
	<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. Mid West Family WNNS		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1510 N Third St		Amount of Each Disbursement this Period 1020.00 Transaction ID : SB17.7857
City Riverton	State IL	
Zip Code 62561	Purpose of Disbursement Radio advertisement purchase	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 03 / 10 / 2014
Mailing Address 905 S NEIL ST, SUITE B		Amount of Each Disbursement this Period 338.75 Transaction ID : SB17.7827
City CHAMPAIGN	State IL	
Zip Code 61820	Purpose of Disbursement Campaign advertisement supplies	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. Judy Morrill		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 310 Riverside Drive Apt. 2001		Amount of Each Disbursement this Period 275.33 Transaction ID : SB17.7989
City New York	State NY	
Zip Code 10025	Purpose of Disbursement In-kind - food and beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1634.08
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 57	
	<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. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 448 S Hill St #200			Amount of Each Disbursement this Period 99.00	
City LOS ANGELES	State CA	Zip Code 90013	Transaction ID : SB17.7776	
Purpose of Disbursement Monthly merchant 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:				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 448 S Hill St #200			Amount of Each Disbursement this Period 99.00	
City LOS ANGELES	State CA	Zip Code 90013	Transaction ID : SB17.7777	
Purpose of Disbursement Monthly merchant 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:				

Full Name (Last, First, Middle Initial) c. Neuhoff Media			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 250 N Water St Suite 100			Amount of Each Disbursement this Period 888.75	
City Decatur	State IL	Zip Code 62523	Transaction ID : SB17.7854	
Purpose of Disbursement Radio advertisement purchase		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).....	1086.75
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 57			
	<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 M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 250 N Water St Suite 100		Amount of Each Disbursement this Period 184.96 Transaction ID : SB17.7795
City Decatur State IL Zip Code 62523	Purpose of Disbursement Advertisement purchase 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. Neuhoff Media		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 250 N Water St Suite 100		Amount of Each Disbursement this Period 175.00 Transaction ID : SB17.7791
City Decatur State IL Zip Code 62523	Purpose of Disbursement booth at Lady Palooza in Decatur 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. Neuhoff Media		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 250 N Water St Suite 100		Amount of Each Disbursement this Period 348.50 Transaction ID : SB17.7828
City Decatur State IL Zip Code 62523	Purpose of Disbursement Advertisement purchase 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).....	708.46
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 57			
	<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/Springfield			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014	
Mailing Address 3055 S Fourth St			Amount of Each Disbursement this Period 810.00	
City Springfield	State IL	Zip Code 62703	Transaction ID : SB17.7851	
Purpose of Disbursement Advertisement purchase		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. Neuhoff Media/Springfield			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 3055 S Fourth St			Amount of Each Disbursement this Period 670.00	
City Springfield	State IL	Zip Code 62703	Transaction ID : SB17.7846	
Purpose of Disbursement Advertisement purchase		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. Paypal			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 2211 North First Street			Amount of Each Disbursement this Period 48.81	
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.7964	
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).....	1528.81
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 57		
	<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. Premier Print Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 2602 N Mattis Ave		Amount of Each Disbursement this Period 9559.44
City Champaign	State IL	
Zip Code 61822	Purpose of Disbursement Campaign advertisement postage	Transaction ID : SB17.7885
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:		

Full Name (Last, First, Middle Initial) B. Premier Print Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2602 N Mattis Ave		Amount of Each Disbursement this Period 7148.00
City Champaign	State IL	
Zip Code 61822	Purpose of Disbursement Campaign advertisement supplies	Transaction ID : SB17.7883
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:		

Full Name (Last, First, Middle Initial) C. Premier Print Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2602 N Mattis Ave		Amount of Each Disbursement this Period 1442.00
City Champaign	State IL	
Zip Code 61822	Purpose of Disbursement Campaign advertisement supplies	Transaction ID : SB17.7861
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).....	18149.44
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 43 OF 57		
	<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. Premier Print Group		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 2602 N Mattis Ave		Amount of Each Disbursement this Period 7148.00
City Champaign State IL Zip Code 61822	Purpose of Disbursement Campaign advertisement supplies	
Candidate Name	Category/Type 004	Transaction ID : SB17.7884
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 03 / 14 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 93.65
City Bassett State VA Zip Code 24055	Purpose of Disbursement Constituent calls	
Candidate Name	Category/Type 003	Transaction ID : SB17.7774
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 03 / 17 / 2014
Mailing Address PO Box 548		Amount of Each Disbursement this Period 9.22
City Bassett State VA Zip Code 24055	Purpose of Disbursement Constituent calls	
Candidate Name	Category/Type 003	Transaction ID : SB17.7724
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).....	7250.87
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 57	
	<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 03 / 17 / 2014	
Mailing Address PO Box 548			Amount of Each Disbursement this Period 58.46	
City Bassett	State VA	Zip Code 24055	Transaction ID : SB17.7751	
Purpose of Disbursement Constituent 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) B. Red Strategies LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address PO Box 548			Amount of Each Disbursement this Period 85.91	
City Bassett	State VA	Zip Code 24055	Transaction ID : SB17.7771	
Purpose of Disbursement Constituent 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 03 / 20 / 2014	
Mailing Address PO Box 548			Amount of Each Disbursement this Period 1066.27	
City Bassett	State VA	Zip Code 24055	Transaction ID : SB17.7859	
Purpose of Disbursement Constituent 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).....	1210.64
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 57			
	<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 03 / 04 / 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	Category/Type 001	
Purpose of Disbursement monthly subscription fee		Transaction ID : SB17.7758
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. Rivily, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 621 North Avenue, NE Suite C130		Amount of Each Disbursement this Period 1650.00
City Atlanta State GA Zip Code 30308	Category/Type 001	
Purpose of Disbursement Voter data polling		Transaction ID : SB17.7865
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. SAGA Communications/Capitol Radio		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 3501 E Sangamon Ave		Amount of Each Disbursement this Period 600.00
City Springfield State IL Zip Code 62707	Category/Type 004	
Purpose of Disbursement Radio advertisement purchase		Transaction ID : SB17.7839
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).....	2317.29
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 57			
	<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. SAGA Communications/Capitol Radio		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3501 E Sangamon Ave		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.7850
City Springfield	State IL	
Zip Code 62707	Purpose of Disbursement Advertisement purchase	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. SAGA Communications/Capitol Radio		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 3501 E Sangamon Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.7809
City Springfield	State IL	
Zip Code 62707	Purpose of Disbursement Radio 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:	

Full Name (Last, First, Middle Initial) C. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 5388.26 Transaction ID : SB17.7879
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement Contractual compensation for campaign services; Advertisement purchase	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).....	6438.26
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 57	
	<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 03 / 20 / 2014
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1056.00 Transaction ID : SB17.7858
City URBANA State IL Zip Code 61802	Purpose of Disbursement Contractual compensation for campaign services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. SJ Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 2702 Boulder Rd		Amount of Each Disbursement this Period 594.00 Transaction ID : SB17.7838
City Urbana State IL Zip Code 61802	Purpose of Disbursement Radio advertisement purchase 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. SJ Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 2702 Boulder Rd		Amount of Each Disbursement this Period 296.00 Transaction ID : SB17.7816
City Urbana State IL Zip Code 61802	Purpose of Disbursement Advertisement purchase 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1946.00
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 48 OF 57	
	<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. DONNA TANNER-HAROLD			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 115 E HOLMES ST			Amount of Each Disbursement this Period 58.52	
City URBANA	State IL	Zip Code 61801	Transaction ID : SB17.7753	
Purpose of Disbursement Reimbursement for gas & supplies election night party		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. The Buzz			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1110 North Jefferson Street			Amount of Each Disbursement this Period 303.00	
City Litchfield	State IL	Zip Code 62056	Transaction ID : SB17.7823	
Purpose of Disbursement Advertisement purchase		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. The Pacific Club			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4110 MacArthur Blvd.			Amount of Each Disbursement this Period 396.25	
City Newport Beach	State CA	Zip Code 92660	Transaction ID : SB17.7830	
Purpose of Disbursement Room rental and fundraising expenses		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:				

SUBTOTAL of Disbursements This Page (optional).....	757.77
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 57	
	<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. Village of Mt Zion		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1400 Mt Zion Parkway		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.7805
City Mt Zion	State IL	
Zip Code 62549	Purpose of Disbursement event room rental	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. WAND - TV		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address PO Box 92264		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.7842
City Cleveland	State OH	
Zip Code 44193	Purpose of Disbursement Advertisement purchase	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. WAND - TV		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address PO Box 92264		Amount of Each Disbursement this Period 4020.00 Transaction ID : SB17.7878
City Cleveland	State OH	
Zip Code 44193	Purpose of Disbursement Advertisement purchase	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).....	4845.00
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 50 OF 57		
	<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. WAND - TV		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO Box 92264		Amount of Each Disbursement this Period 2040.00 Transaction ID : SB17.7866
City Cleveland State OH Zip Code 44193	Purpose of Disbursement Advertisement purchase 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. WBGZ/Metroplex		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address PO Box 615		Amount of Each Disbursement this Period 239.00 Transaction ID : SB17.7899
City Alton State IL Zip Code 62002	Purpose of Disbursement Radio advertisements 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. WBGZ/Metroplex Illinois		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 615		Amount of Each Disbursement this Period 305.60 Transaction ID : SB17.7824
City Alton State IL Zip Code 62002	Purpose of Disbursement Radio advertisement purchase 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).....	2584.60
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 57	
	<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. WBGZ/Metroplex Illinois		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 615		Amount of Each Disbursement this Period 265.20 Transaction ID : SB17.7811
City Alton	State IL	
Zip Code 62002	Purpose of Disbursement Advertisement purchase	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. WCIA - TV		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 509 S Neil St		Amount of Each Disbursement this Period 2975.00 Transaction ID : SB17.7872
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Advertisement purchase advertising	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. WDWS/News Gazette		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 15 Main St		Amount of Each Disbursement this Period 901.00 Transaction ID : SB17.7855
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Advertisement purchase	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).....	4141.20
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 52 OF 57	
	<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. WDWS/News Gazette		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 15 Main St		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.7768
City Champaign State IL Zip Code 61820	Purpose of Disbursement Advertisement purchase 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. WDWS/News Gazette		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 15 Main St		Amount of Each Disbursement this Period 158.00 Transaction ID : SB17.7788
City Champaign State IL Zip Code 61820	Purpose of Disbursement Advertisement purchase 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. WDWS/News Gazette		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 15 Main St		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.7789
City Champaign State IL Zip Code 61820	Purpose of Disbursement Advertisement purchase 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).....	398.00
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 53 OF 57			
	<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. WHOW/Dewitt Daily News		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address PO Box 497		Amount of Each Disbursement this Period 392.00 Transaction ID : SB17.7900
City Clinton	State IL	
Zip Code 61727	Purpose of Disbursement Radio advertisement purchase	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. WHOW/Dewitt Daily News		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 497		Amount of Each Disbursement this Period 616.00 Transaction ID : SB17.7844
City Clinton	State IL	
Zip Code 61727	Purpose of Disbursement Radio advertisement purchase	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. WHOW/Dewitt Daily News		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 497		Amount of Each Disbursement this Period 112.00 Transaction ID : SB17.7782
City Clinton	State IL	
Zip Code 61727	Purpose of Disbursement Advertisement purchase	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).....	1120.00
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 54 OF 57	
	<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. WICS - TV		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 2680 E Cook St		Amount of Each Disbursement this Period 680.00 Transaction ID : SB17.7848
City Springfield	State IL	
Zip Code 62703	Purpose of Disbursement Advertisement purchase	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. WICS - TV		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 2680 E Cook St		Amount of Each Disbursement this Period 3230.00 Transaction ID : SB17.7875
City Springfield	State IL	
Zip Code 62703	Purpose of Disbursement Advertisement purchase	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. WICS - TV		Date of Disbursement MM / DD / YYYY 03 / 17 / 2014
Mailing Address 2680 E Cook St		Amount of Each Disbursement this Period 2550.00 Transaction ID : SB17.7867
City Springfield	State IL	
Zip Code 62703	Purpose of Disbursement Advertisement purchase	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)	6460.00
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 55 OF 57			
	<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. WSMI/Talley Radio		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 6308 IL Route 16		Amount of Each Disbursement this Period 207.00 Transaction ID : SB17.7803
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Radio 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. WSMI/Talley Radio		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 6308 IL Route 16		Amount of Each Disbursement this Period 306.00 Transaction ID : SB17.7825
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Radio advertisement purchase 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. WSMI/Talley Radio		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 6308 IL Route 16		Amount of Each Disbursement this Period 409.00 Transaction ID : SB17.7832
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Advertisement purchase 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).....	922.00
TOTAL This Period (last page this line number only).....	145117.19

**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 56 OF 57	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LINDSEY DATES		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 1250 S INDIANA		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.7868
City CHICAGO State IL Zip Code 60605	Purpose of Disbursement refund general election donation Candidate Name Category/Type 010	
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.		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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	2600.00

**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 57 OF 57	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. FAMILY-PAC FEDERAL

Full Name (Last, First, Middle Initial)
Mailing Address 414 N ORLEANS PLAZA #320

City CHICAGO State IL Zip Code 60654

Purpose of Disbursement Refund of general election contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 20 / 2014

Amount of Each Disbursement this Period
3000.00

Transaction ID : SB20C.7902

Category/Type
010

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 3000.00

TOTAL This Period (last page this line number only)..... 3000.00