

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ERIKA FOR CONGRESS

ADDRESS (number and street)

PO BOX 368

Check if different than previously reported. (ACC)

URBANA

IL

61803

2. FEC IDENTIFICATION NUMBER ▼

C C00545822

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 01 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	120.00	277411.99
(b) Total Contribution Refunds (from Line 20(d)) .....	120.00	5820.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	271591.99
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	13694.17	272784.16
(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)).....	13694.17	272784.16
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	-1192.17	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ERIKA FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	206143.45
(ii) Unitemized.....	120.00	50968.77
(iii) TOTAL of contributions from individuals ▶	120.00	257112.22
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17750.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	120.00	277411.99
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	120.00	277411.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13694.17	272784.16
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 .....	120.00	2820.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	120.00	5820.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13814.17	278604.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12502.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	120.00
25. SUBTOTAL (add Line 23 and Line 24).....	12622.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13814.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-1192.17

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 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 remove internal audit adjustment made pending audit. Note: cash on hand is shown as negative due to the dates when certain checks were deposited and certain credits were made to the account. The committee has no debts.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 58.15 <b>Transaction ID : SB17.8055</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 442.18 <b>Transaction ID : SB17.8059</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.8063</b>
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	540.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 54.13 <b>Transaction ID : SB17.8065</b>
City San Francisco	State CA	Zip Code 94128-8999	
Purpose of Disbursement Merchant fees		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 40.35 <b>Transaction ID : SB17.8069</b>
City San Francisco	State CA	Zip Code 94128-8999	
Purpose of Disbursement Merchant fees		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 45.23 <b>Transaction ID : SB17.8072</b>
City San Francisco	State CA	Zip Code 94128-8999	
Purpose of Disbursement Merchant fees		Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	139.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 41.05
City San Francisco	State CA	
Zip Code 94128-8999	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.8073</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 30700 Telegraph Road Suite 4600		Amount of Each Disbursement this Period -1146.40
City Bingham Farms	State MI	
Zip Code 48025	Purpose of Disbursement Return of excess funds paid for media buy	<b>Transaction ID : SB17.8067</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Deb Edinger</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 10.87
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Reimbursement of campaign expenses - see memo entries	<b>Transaction ID : SB17.8058</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	-1094.48
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 7601 Penn Avenue South		Amount of Each Disbursement this Period 10.87
City Richfield	State MN	
Zip Code 55423	Purpose of Disbursement Office supplies	[MEMO ITEM]
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 10500.00
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Campaign manager compensation	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert Harold</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 3000.00
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement Campaign manager compensation/committee winding down activities	
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Journal Publications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address Po BOX 100		Amount of Each Disbursement this Period 73.13 <b>Transaction ID : SB17.8057</b>
City Hillsboro State IL Zip Code 62049	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.8062</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement Monthly merchant fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 448 S Hill St #200		Amount of Each Disbursement this Period 76.22 <b>Transaction ID : SB17.8068</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement Monthly merchant fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	248.35
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2014</b>
Mailing Address <b>448 S Hill St #200</b>		Amount of Each Disbursement this Period <b>99.00</b>
City <b>LOS ANGELES</b>	State <b>CA</b>	Zip Code <b>90013</b>
Purpose of Disbursement Monthly merchant fee	Category/ Type <b>003</b>	
Candidate Name	Transaction ID : <b>SB17.8074</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Neuhoff Media/Springfield</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 21 / 2014</b>
Mailing Address <b>3055 S Fourth St</b>		Amount of Each Disbursement this Period <b>-90.00</b>
City <b>Springfield</b>	State <b>IL</b>	Zip Code <b>62703</b>
Purpose of Disbursement Return of excess funds paid for media buy	Category/ Type <b>004</b>	
Candidate Name	Transaction ID : <b>SB17.8066</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address <b>2211 North First Street</b>		Amount of Each Disbursement this Period <b>0.88</b>
City <b>San Jose</b>	State <b>CA</b>	Zip Code <b>95131</b>
Purpose of Disbursement Merchant fees	Category/ Type <b>003</b>	
Candidate Name	Transaction ID : <b>SB17.8061</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>9.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. RingCentral Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 1400 Fashion Island Blvd Suite 700			Amount of Each Disbursement this Period 67.46	
City San Mateo	State CA	Zip Code 94404	Transaction ID : SB17.8056	
Purpose of Disbursement Telecommunications		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RingCentral Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 1400 Fashion Island Blvd Suite 700			Amount of Each Disbursement this Period 67.46	
City San Mateo	State CA	Zip Code 94404	Transaction ID : SB17.8064	
Purpose of Disbursement Telecommunications		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. RingCentral Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 1400 Fashion Island Blvd Suite 700			Amount of Each Disbursement this Period 67.46	
City San Mateo	State CA	Zip Code 94404	Transaction ID : SB17.8071	
Purpose of Disbursement Telecommunications		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	202.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>202 S. Broadway Ave.</b>		Amount of Each Disbursement this Period <b>73.00</b> <b>Transaction ID : SB17.8070</b>
City <b>Urbana</b> State <b>IL</b> Zip Code <b>61801</b>	Purpose of Disbursement <b>PO box fee</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</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 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</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 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>73.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>13619.17</b>