

**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

HARRIMAN FOR CONGRESS

ADDRESS (number and street)

PO BOX 361

Check if different  
than previously  
reported. (ACC)

BELLEVILLE

IL

62222

2. FEC IDENTIFICATION NUMBER ▼

C

C00506444

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IL

12

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

through

M M /

D D /

Y Y Y Y

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 Nathaniel O. Brown

Signature of Treasurer

Nathaniel O. Brown

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 48

Write or Type Committee Name

**HARRIMAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

	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))....	25254.41	395195.41
(b) Total Contribution Refunds (from Line 20(d)) .....	84400.00	84400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	-59145.59	310795.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	92740.02	263732.81
(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)) .....	92740.02	263732.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36942.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

PAGE 3 / 48

Write or Type Committee Name

**HARRIMAN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

**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).....

9500.00

241700.00

(ii) Unitemized.....

254.41

15645.41

(iii) TOTAL of contributions from individuals ▶

9754.41

257345.41

(b) Political Party Committees.....

0.00

2000.00

(c) Other Political Committees (such as PACs).....

15500.00

135850.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

25254.41

395195.41

**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)..... ▶

25254.41

395195.41

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 48

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	92740.02	263732.81
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 .....	20400.00	20400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	64000.00	64000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	84400.00	84400.00
21. OTHER DISBURSEMENTS .....	10100.00	10120.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	187240.02	358252.81

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	198928.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25254.41
25. SUBTOTAL (add Line 23 and Line 24).....	224182.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	187240.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36942.60

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

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

FOR LINE NUMBER:

PAGE 5 OF 48

(check only one)

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

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NAME OF COMMITTEE (In Full)

HARRIMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Patrick Hayes

A.

Mailing Address 408 Saint Sabre Dr

City

Belleville

State

IL

Zip Code

62226-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ameren

Occupation

Trading Supervisor

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2012

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Chris Kolker

B.

Mailing Address 9423 W. Main St.

City

Belleville

State

IL

Zip Code

62223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Attorney

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2012

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Larry McCulley

C.

Mailing Address 173 Marigold Drive

City

O'Fallon

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Illinois Healthcare

Occupation

CEO

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2012

Transaction ID : SA11AI.4871

Amount of Each Receipt this Period

1000.00

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

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

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 48

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Scott McLean</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		07		2012
M M	/	D D	/	Y Y Y Y									
05		07		2012									
Mailing Address 65 Country Club Pl		<b>Transaction ID : SA11AI.4873</b>											
City Belleville	State IL	Zip Code 62223-1937											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2500.00</div>											
Name of Employer Prarie State Securities	Occupation Managing Member												
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2500.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Doug Sitton</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>11</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		11		2012
M M	/	D D	/	Y Y Y Y									
04		11		2012									
Mailing Address 10 Prairie View Rd		<b>Transaction ID : SA11AI.4874</b>											
City Belleville	State IL	Zip Code 62221-2562											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>											
Name of Employer Sitton Construction	Occupation President												
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Woodrow Sullivan</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>09</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		09		2012
M M	/	D D	/	Y Y Y Y									
05		09		2012									
Mailing Address 709 Donna Dr		<b>Transaction ID : SA11AI.4876</b>											
City O Fallon	State IL	Zip Code 62269-7526											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>											
Name of Employer CCSD 90	Occupation Teacher												
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>250.00</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>3000.00</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

HARRIMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Randy Wells

Mailing Address 2 Red Fox Rd

City

Belleville

State

IL

Zip Code

62223-2238

FEC ID number of contributing federal political committee.

C

Name of Employer

Chicago Cubs

Occupation

Professional Baseball Player

Receipt For: 2012

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : SA11Al.4878

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D 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).....

2500.00

9500.00

**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)

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

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 NAME OF COMMITTEE (In Full)  
**HARRIMAN FOR CONGRESS**
**A.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION - COPE**

Mailing Address 5025 WISCONSIN AVENUE N.W.

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee.

**C** C00032995

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2012

**Transaction ID : SA11C.4880**

Amount of Each Receipt this Period

2500.00

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

 Mailing Address 700 13TH STREET, NW  
 SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

**C** C00271338

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

**Transaction ID : SA11C.4881**

Amount of Each Receipt this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
**FAA MANAGERS ASSOCIATION INC. PAC**

 Mailing Address 1015 ATLANTIC BLVD.  
 SUITE 245

City	State	Zip Code
ATLANTIC BEACH	FL	32233

FEC ID number of contributing federal political committee.

**C** C00366070

Name of Employer

Occupation

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2012

**Transaction ID : SA11C.4883**

Amount of Each Receipt this Period

1000.00

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

8500.00

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



FOR LINE NUMBER: (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


NAME OF COMMITTEE (In Full)  
HARRIMAN FOR CONGRESS

Date of Receipt

MM / DD / YYYY

04 / 05 / 2012

Amount of Each Receipt this Period



2000.00

Date of Receipt

MM / DD / YYYY

04 / 05 / 2012

Amount of Each Receipt this Period

5000.00

Date of Receipt

Amount of Each Receipt this Period

7000.00

15500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address PO Box 5080

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2012

City	State	Zip Code
Carol Stream	IL	60197-5080

Amount of Each Disbursement this Period

348.82
--------

Purpose of Disbursement  
Internet ServiceCategory/  
Type**Transaction ID : SB17.4897**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. AT&T Mobility**

Mailing Address PO Box 650553

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Dallas	TX	75265

Amount of Each Disbursement this Period

131.04
--------

Purpose of Disbursement  
Phone ServiceCategory/  
Type**Transaction ID : SB17.4894**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. AT&T Mobility**

Mailing Address PO Box 650553

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2012

City	State	Zip Code
Dallas	TX	75265

Amount of Each Disbursement this Period

267.08
--------

Purpose of Disbursement  
Phone ServiceCategory/  
Type**Transaction ID : SB17.4895**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

746.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Nate Brown**

Mailing Address 619 Ember Crest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2012

City	State	Zip Code
Fairview Heights	IL	62208

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1675.38
---------

Transaction ID : SB17.4899

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Nate Brown**

Mailing Address 619 Ember Crest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2012

City	State	Zip Code
Fairview Heights	IL	62208

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1675.38
---------

Transaction ID : SB17.4900

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Nate Brown**

Mailing Address 619 Ember Crest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

City	State	Zip Code
Fairview Heights	IL	62208

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1675.37
---------

Transaction ID : SB17.4898

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

5026.13

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Nate Brown**

Mailing Address 619 Ember Crest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2012

City	State	Zip Code
Fairview Heights	IL	62208

Amount of Each Disbursement this Period

1675.38
---------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : SB17.4901**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Nate Brown**

Mailing Address 619 Ember Crest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Fairview Heights	IL	62208

Amount of Each Disbursement this Period

1675.37
---------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : SB17.4902**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Nathaniel O. Brown**

Mailing Address 619 Ember Crest Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2012

City	State	Zip Code
Fairview Heights	IL	62208

Amount of Each Disbursement this Period

2610.52
---------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : SB17.5380**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

5961.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Century Printing, Inc.**

Mailing Address 1704 N Belt West

City	State	Zip Code
Belleville	IL	62226

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

Amount of Each Disbursement this Period

536.00
--------

Transaction ID : SB17.4903

**B. Century Printing, Inc.**

Mailing Address 1704 N Belt West

City	State	Zip Code
Belleville	IL	62226

Purpose of Disbursement  
Printing Services--yard signs

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

Amount of Each Disbursement this Period

7100.00
---------

Transaction ID : SB17.4905

**c. Century Printing, Inc.**

Mailing Address 1704 N Belt West

City	State	Zip Code
Belleville	IL	62226

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

Amount of Each Disbursement this Period

60.00
-------

Transaction ID : SB17.4906

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

7696.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Century Printing, Inc.**

Mailing Address 1704 N Belt West

City	State	Zip Code
Belleville	IL	62226

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2012

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4907

**B. Century Printing, Inc.**

Mailing Address 1704 N Belt West

City	State	Zip Code
Belleville	IL	62226

Purpose of Disbursement  
Printing Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2012

Amount of Each Disbursement this Period

160.00
--------

Transaction ID : SB17.4904

**C. Chase Card Services**

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement  
Gas, meals

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2012

Amount of Each Disbursement this Period

634.11
--------

Transaction ID : SB17.4911

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

1194.11

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Chase Card Services**

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement  
Candidate gas, meals, travel.

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2012

Amount of Each Disbursement this Period

1708.19
---------

Transaction ID : SB17.4910

**B. Chase Card Services**

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement  
Candidate gas, meals, travel.

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2012

Amount of Each Disbursement this Period

739.47
--------

Transaction ID : SB17.4908

**C. Chase Card Services**

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement  
May credit card bill. Candidate travel & expenses.

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 20 / 2012

Amount of Each Disbursement this Period

920.53
--------

Transaction ID : SB17.4909

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

3368.19

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Fiorello Consulting**

Mailing Address 3914 Barcroft Mews Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2012

City	State	Zip Code
Falls Church	VA	22041-1218

Purpose of Disbursement  
Consulting Fee

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4914

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Fiorello Consulting**

Mailing Address 3914 Barcroft Mews Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2012

City	State	Zip Code
Falls Church	VA	22041-1218

Purpose of Disbursement  
Consulting Fee

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4913

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Fiorello Consulting**

Mailing Address 3914 Barcroft Mews Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Falls Church	VA	22041-1218

Purpose of Disbursement  
Consulting Fee

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4916

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

7500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Fiorello Consulting**

Mailing Address 3914 Barcroft Mews Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

City	State	Zip Code
Falls Church	VA	22041-1218

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Consulting FeeCategory/  
Type**Transaction ID : SB17.4915**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2012

City	State	Zip Code
Atlanta	GA	30339

Amount of Each Disbursement this Period

3.04
------

Purpose of Disbursement  
Service FeeCategory/  
Type**Transaction ID : SB17.4919**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2012

City	State	Zip Code
Atlanta	GA	30339

Amount of Each Disbursement this Period

0.44
------

Purpose of Disbursement  
Service FeeCategory/  
Type**Transaction ID : SB17.4920**

Candidate Name

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

2503.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2012

Amount of Each Disbursement this Period

189.00
--------

Transaction ID : SB17.4921

**B. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2012

Amount of Each Disbursement this Period

116.92
--------

Transaction ID : SB17.4922

**C. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2012

Amount of Each Disbursement this Period

9.20
------

Transaction ID : SB17.4923

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

315.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2012

Amount of Each Disbursement this Period

210.66
--------

Transaction ID : SB17.4917

**B. First Bank Merchant Services**

Mailing Address 6201 Powers Ferry Road

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2012

Amount of Each Disbursement this Period

162.63
--------

Transaction ID : SB17.4918

**c. GBA Strategies**

Mailing Address 1901 L Street NW, Suite 300

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Consulting Services--expense reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

Amount of Each Disbursement this Period

491.95
--------

Transaction ID : SB17.4925

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

865.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. GBA Strategies**

Mailing Address 1901 L Street NW, Suite 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Washington	DC	20036

Amount of Each Disbursement this Period

6000.00
---------

Purpose of Disbursement  
Consultant Services--polling costs

Transaction ID : SB17.4924

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2012

City	State	Zip Code
Dallas	TX	75225-2434

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Payroll

Transaction ID : SB17.4927

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2012

City	State	Zip Code
Dallas	TX	75225-2434

Amount of Each Disbursement this Period

30.27
-------

Purpose of Disbursement  
Expense Reimbursement

Transaction ID : SB17.4929

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

7030.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2012

City	State	Zip Code
Dallas	TX	75225-2434

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1008.88
---------

Transaction ID : SB17.4930

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2012

City	State	Zip Code
Dallas	TX	75225-2434

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1008.88
---------

Transaction ID : SB17.4931

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Dallas	TX	75225-2434

Purpose of Disbursement  
Expense Reimbursement

Amount of Each Disbursement this Period

184.09
--------

Transaction ID : SB17.4928

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

2201.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

City	State	Zip Code
Dallas	TX	75225-2434

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1008.87
---------

Transaction ID : SB17.4926

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2012

City	State	Zip Code
Dallas	TX	75225-2434

Purpose of Disbursement  
Payroll

Amount of Each Disbursement this Period

1008.88
---------

Transaction ID : SB17.4933

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2012

City	State	Zip Code
Dallas	TX	75225-2434

Purpose of Disbursement  
Expense Reimbursement

Amount of Each Disbursement this Period

43.71
-------

Transaction ID : SB17.4934

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

2061.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Susan Gleiser**

Mailing Address 3209 Northwest Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Dallas	TX	75225-2434

Amount of Each Disbursement this Period

1008.87
---------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : SB17.4932**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. H&H Innovations, LLC**

Mailing Address 218 A West Main Street, Suite D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2012

City	State	Zip Code
Belleville	IL	62220

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
RentCategory/  
Type**Transaction ID : SB17.4936**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. H&H Innovations, LLC**

Mailing Address 218 A West Main Street, Suite D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Belleville	IL	62220

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
RentCategory/  
Type**Transaction ID : SB17.4937**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

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

2908.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. H&H Innovations, LLC**

Mailing Address 218 A West Main Street, Suite D

City	State	Zip Code
Belleville	IL	62220

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

Amount of Each Disbursement this Period

900.00
--------

Transaction ID : SB17.4935

**B. Mary Ann Hatch**

Mailing Address 3 Persimmon Ridge

City	State	Zip Code
Belleville	IL	62226

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4938

**C. Illinois Democratic County Chairmen's Association**Mailing Address 528 South 5th Street  
Suite 201

City	State	Zip Code
Springfield	IL	62701

Purpose of Disbursement  
Database Services Subscription

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2012

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.4939

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

4900.00



# **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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Illinois Department of Revenue**

Mailing Address 15 Executive Drive - Suite 2

City State Zip Code  
 Fairview Heights IL 62208

Purpose of Disbursement  
 State Unemployment Taxes

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 13 / 2012

Amount of Each Disbursement this Period

525.00

Transaction ID : SB17.4940

## **B. Illinois Department of Revenue**

Mailing Address 15 Executive Drive - Suite 2

City State Zip Code  
 Fairview Heights IL 62208

Purpose of Disbursement  
 State Unemployment Taxes

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 01 / 2012

Amount of Each Disbursement this Period

1109.25

Transaction ID : SB17.4941

## **C. Illinois Department of Revenue**

Mailing Address 15 Executive Drive - Suite 2

City State Zip Code  
 Fairview Heights IL 62208

Purpose of Disbursement  
 State Unemployment Taxes

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
 05 / 15 / 2012

Amount of Each Disbursement this Period

622.70

Transaction ID : SB17.4942

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

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

2256.95

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Illinois Department of Revenue**

Mailing Address 15 Executive Drive - Suite 2

City	State	Zip Code
Fairview Heights	IL	62208

Purpose of Disbursement  
State Unemployment Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 15 / 2012

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.4943

**B. Internal Revenue Service**

Mailing Address 1111 Constitution Avenue, NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Federal Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 13 / 2012

Amount of Each Disbursement this Period

2544.50
---------

Transaction ID : SB17.4944

**C. Internal Revenue Service**

Mailing Address 1111 Constitution Avenue, NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Federal Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 30 / 2012

Amount of Each Disbursement this Period

126.00
--------

Transaction ID : SB17.4945

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

3320.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address 1111 Constitution Avenue, NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Federal Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

Amount of Each Disbursement this Period

3372.38
---------

Transaction ID : SB17.4946

**B. Internal Revenue Service**

Mailing Address 1111 Constitution Avenue, NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement  
Federal Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

Amount of Each Disbursement this Period

3314.00
---------

Transaction ID : SB17.4947

**c. Hannah Ledford**

Mailing Address 1201 Hampton Court

City	State	Zip Code
Belleville	IL	62223

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4948

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

7686.38

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mailing Methods, Inc**

Mailing Address 8850 Sterling Place

City	State	Zip Code
Caseyville	IL	62232

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 04 / 2012

Amount of Each Disbursement this Period

253.48
--------

Transaction ID : SB17.4949

**B. Mailing Methods, Inc**

Mailing Address 8850 Sterling Place

City	State	Zip Code
Caseyville	IL	62232

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 04 / 2012

Amount of Each Disbursement this Period

249.64
--------

Transaction ID : SB17.4950

**C. NGP VAN**Mailing Address 1101 15th Street, NW  
Suite 500

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Database Services Subscription

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 04 / 2012

Amount of Each Disbursement this Period

2250.00
---------

Transaction ID : SB17.4955

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

2753.12



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Snyder Pickerill Media Group**

Mailing Address 2226 West Walnut Street

City	State	Zip Code
Chicago	IL	60612

Purpose of Disbursement  
Consulting Services--expense reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

Amount of Each Disbursement this Period

1380.15
---------

Transaction ID : SB17.4962

**B. Spiros Consulting, LLC**

Mailing Address 1735 New Hampshire Ave NW

City	State	Zip Code
Washington	DC	20009-2568

Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4965

**c. Spiros Consulting, LLC**

Mailing Address 1735 New Hampshire Ave NW

City	State	Zip Code
Washington	DC	20009-2568

Purpose of Disbursement  
Consulting Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4964

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

6380.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. St. Clair County Recorder of Deeds**

Mailing Address 10 Public Sq

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2012

City	State	Zip Code
Belleville	IL	62220-1623

Amount of Each Disbursement this Period

266.00
--------

Purpose of Disbursement  
Copying Fees for Records**Transaction ID : SB17.4967**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. The Dover Group**

Mailing Address 43 L Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

City	State	Zip Code
Lees Summit	MO	64086

Amount of Each Disbursement this Period

90.00
-------

Purpose of Disbursement  
Website Services**Transaction ID : SB17.4971**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. The Strategy Group**

Mailing Address 1603 Orrington Avenue Suite 1730

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2012

City	State	Zip Code
Evanston	IL	60201

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Stop Production on Mailer**Transaction ID : SB17.4972**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

1356.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Tony Vecera**

Mailing Address 1722 Riviera Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2012

City	State	Zip Code
O Fallon	IL	62269

Amount of Each Disbursement this Period

498.68
--------

Purpose of Disbursement  
Expense ReimbursementCategory/  
Type**Transaction ID : SB17.4973**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Jared Nolan Wigdor**

Mailing Address 202 Evergreen Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2012

City	State	Zip Code
O Fallon	IL	62269

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : SB17.4980**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Jared Nolan Wigdor**

Mailing Address 202 Evergreen Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2012

City	State	Zip Code
O Fallon	IL	62269

Amount of Each Disbursement this Period

1554.00
---------

Purpose of Disbursement  
PayrollCategory/  
Type**Transaction ID : SB17.4978**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

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

3052.68



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Jared Nolan Wigdor**

Mailing Address 202 Evergreen Drive

City	State	Zip Code
O Fallon	IL	62269

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2012

Amount of Each Disbursement this Period

1554.00
---------

Transaction ID : SB17.4979

**B. Jared Nolan Wigdor**

Mailing Address 202 Evergreen Drive

City	State	Zip Code
O Fallon	IL	62269

Purpose of Disbursement  
Expense Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2012

Amount of Each Disbursement this Period

14.16
-------

Transaction ID : SB17.4974

**C. Jared Nolan Wigdor**

Mailing Address 202 Evergreen Drive

City	State	Zip Code
O Fallon	IL	62269

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2012

Amount of Each Disbursement this Period

1554.00
---------

Transaction ID : SB17.4975

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

3122.16



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Brad Badgley**

Mailing Address 210 West Waters Edge Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Belleville	IL	62221

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4981

**B. Bill Baudendistel**

Mailing Address 632 Springdale Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Belleville	IL	62223-4221

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4982

**c. Michael Buehlhorn**

Mailing Address 104 United Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Collinsville	IL	62234-7433

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4983

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

3000.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. John Conrath**

Mailing Address 17 Hemlock Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Belleville	IL	62221-4320

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB20A.4984

Full Name (Last, First, Middle Initial)

**B. Charles Daily**

Mailing Address 149 Pine Dale Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Swansea	IL	62226

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4985

Full Name (Last, First, Middle Initial)

**c. Gary Fitzgerald**

Mailing Address 2932 Estate Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Waterloo	IL	62298

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4988

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

3250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Bryan K Fritz**

Mailing Address 4026 Sassafras Ln

City	State	Zip Code
Belleville	IL	62221

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB20A.4989

**B. Tim Hagarty**

Mailing Address 2749 Rentschler Rd

City	State	Zip Code
Belleville	IL	62221-7317

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4990

**c. Charles Kassly**

Mailing Address 8 Trail Ridge Rd

City	State	Zip Code
Fairview Heights	IL	62208-1249

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB20A.4992

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

3500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Ken Keeney**

Mailing Address 7353 Wolfrun Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Fairview Heights	IL	62208-4504

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB20A.4993

**B. Ken Keeney**

Mailing Address 7353 Wolfrun Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Fairview Heights	IL	62208-4504

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.5392

**c. Billie Mance**

Mailing Address 762 Leon

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Cahokia	IL	62206

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4994

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

2500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Nick Mance**

Mailing Address 616 South Main St.

City	State	Zip Code
Columbia	IL	62236

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4995

**B. Larry McCulley**

Mailing Address 173 Marigold Drive

City	State	Zip Code
O'Fallon	IL	62269

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4996

**c. Larry McCulley**

Mailing Address 173 Marigold Drive

City	State	Zip Code
O'Fallon	IL	62269

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB20A.4997

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

3000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. George Obeldobel**

Mailing Address 16466 Saddle Creek Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Chesterfield	MO	63005

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB20A.4998**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. John Rednour Sr.**

Mailing Address 298 Hayes Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Du Quoin	IL	62832

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB20A.4999**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. Jim Shay**

Mailing Address 5111 White Oak Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Smithton	IL	62285-3733

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type**Transaction ID : SB20A.5000**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

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

3000.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Thomas Weis**

Mailing Address 746 Hillenkamp Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Weldon Spring	MO	63304-0556

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB20A.5001

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

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

2000.00
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20250.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>19</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		19		2012
M M	/	D D	/	Y Y Y Y									
06		19		2012									
Mailing Address <b>777 6TH STREET, NW SUITE 200</b>													
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20001</b>	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00									
5000.00													
Purpose of Disbursement Contribution Refund		Transaction ID : <b>SB20C.5003</b>											
Candidate Name		Category/ Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)						
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State:	District:												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>AMERIPAC</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>19</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		19		2012
M M	/	D D	/	Y Y Y Y									
06		19		2012									
Mailing Address <b>700 13TH STREET, NW SUITE 600</b>													
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00									
5000.00													
Purpose of Disbursement Contribution Refund		Transaction ID : <b>SB20C.5004</b>											
Candidate Name		Category/ Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)						
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State:	District:												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>AMERIPAC</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>19</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		19		2012
M M	/	D D	/	Y Y Y Y									
06		19		2012									
Mailing Address <b>700 13TH STREET, NW SUITE 600</b>													
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00									
5000.00													
Purpose of Disbursement Contribution Refund		Transaction ID : <b>SB20C.5005</b>											
Candidate Name		Category/ Type											
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)						
<input type="checkbox"/>	House												
<input type="checkbox"/>	Senate												
<input type="checkbox"/>	President												
State:	District:												
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		<table border="1"> <tr> <td>15000.00</td> </tr> </table>		15000.00									
15000.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. COSTELLO FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 8250

City	State	Zip Code
BELLEVILLE	IL	62222

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: IL District: 12

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB20C.5007

**B. D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS)**

Mailing Address 25 LOUISIANA AVE., NW

City	State	Zip Code
WASHINGTON	DC	20001

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB20C.5020

**C. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS**

Mailing Address 1071 TWIN BRANCH LN

City	State	Zip Code
WESTON	FL	33326

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: FL District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB20C.5008

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

11000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FAA MANAGERS ASSOCIATION INC. PAC**Mailing Address 1015 ATLANTIC BLVD.  
SUITE 245

City ATLANTIC BEACH State FL Zip Code 32233

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB20C.5009

**B. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC**

Mailing Address PO BOX 30344

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB20C.5010

**C. HOYER FOR CONGRESS**Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution Refund

Candidate Name

**HOYER FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: MD

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB20C.5011

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

5000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HOYER FOR CONGRESS**Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution Refund

Candidate Name

**HOYER FOR CONGRESS**Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

State: MD District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB20C.5012

**B. I.B.E.W - C.O.P.E**

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3886

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB20C.5013

**C. INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND**Mailing Address 753 STATE AVE.  
SUITE 565

City KANSAS CITY State KS Zip Code 66101

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB20C.5006

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

11000.00
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# **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)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☒ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. LEADERSHIP THAT LISTENS PAC**

Mailing Address PO BOX 44084

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 19 / 2012

City State Zip Code  
FORT WASHINGTON MD 20749

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Contribution Refund

Category/  
Type

**Transaction ID : SB20C.5015**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

## **B. NEW YORK JOBS PAC**

Mailing Address PO BOX 763

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 19 / 2012

City State Zip Code  
DEER PARK NY 11729

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement  
Contribution Refund

Category/  
Type

**Transaction ID : SB20C.5018**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

## **C. PROGRESSIVE CHOICES PAC**

Mailing Address P.O. BOX 58

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 19 / 2012

City State Zip Code  
EVANSTON IL 60204

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Contribution Refund

Category/  
Type

**Transaction ID : SB20C.5019**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State: District:

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

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

7000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. UA Political Education Committee**

Mailing Address 3 Park Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

City	State	Zip Code
Annapolis	MD	21401

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution RefundCategory/  
Type**Transaction ID : SB20C.5021**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. UA Political Education Committee**

Mailing Address 3 Park Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2012

City	State	Zip Code
Annapolis	MD	21401

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution RefundCategory/  
Type**Transaction ID : SB20C.5022**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. UNITED FOR PROGRESS LEADERSHIP COMMITTEE**

Mailing Address PO BOX 285

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
MASCOUTAH	IL	62258

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution RefundCategory/  
Type**Transaction ID : SB20C.5023**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

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

15000.00

64000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 48

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

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NAME OF COMMITTEE (In Full)

**HARRIMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. St. Clair County Democratic Central Committee**

Mailing Address 26 E Washington St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2012

City	State	Zip Code
Belleville	IL	62220-2101

Purpose of Disbursement  
Political contribution

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2012
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

10000.00
----------

Transaction ID : SB21.5026

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

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

10000.00
10000.00