

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
Dennis Anderson for Congress

ADDRESS (number and street) P.O. Box 8587
Gunree IL 60031
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C C00507459
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
IL 14

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 03 / 20 / 2012 in the State of IL
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 03 / 20 / 2012 in the State of IL

5. Covering Period 01 / 01 / 2012 through 02 / 29 / 2012

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 Brett P. Smiley
Signature of Treasurer Brett P. Smiley [Electronically Filed] Date 03 / 08 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Dennis Anderson for Congress

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

	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))....	6200.00	15300.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6200.00	15300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22075.66	30995.66
(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)).....	22075.66	30995.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9304.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Dennis Anderson for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4700.00	4700.00
(ii) Unitemized.....	1500.00	1500.00
(iii) TOTAL of contributions from individuals ▶	6200.00	6200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	9100.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6200.00	15300.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	25000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	25000.00
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)..... ▶	6200.00	40300.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22075.66	30995.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	22075.66	30995.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25180.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6200.00
25. SUBTOTAL (add Line 23 and Line 24).....	31380.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22075.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9304.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

A. Full Name (Last, First, Middle Initial)
Diane Bronson

Mailing Address W7251 Territorial Rd

City Elkhorn State WI Zip Code 53121

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

Name of Employer **Abbott Laboratories** Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2012

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
 700.00

B. Full Name (Last, First, Middle Initial)
Susan Glad-Anderson

Mailing Address 4682 Kings Way N.

City Gurnee State IL Zip Code 60031

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

Name of Employer **Abbott** Occupation **Administration**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Susan Glad-Anderson

Mailing Address 4682 Kings Way N.

City Gurnee State IL Zip Code 60031

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

Name of Employer **Abbott** Occupation **Administration**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
 250.00

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

A. Full Name (Last, First, Middle Initial)
Ira Kaufman

Mailing Address 1961 W. Hidden

City Mequon State WI Zip Code 53092

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
C. Powell Trotti

Mailing Address 209 N. Huron

City De Pere State WI Zip Code 54115

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Debra Karin Trotti

Mailing Address 209 N. Huron

City De Pere State WI Zip Code 54115

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
 1500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

A. Full Name (Last, First, Middle Initial)
Wesley Weidemann

Mailing Address 7326 Tower St

City Falls Church State VA Zip Code 22046

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

Name of Employer WAI Occupation Economist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2012

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

Full Name (Last, First, Middle Initial) A. Argiris Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2012
Mailing Address 1830 Ridgefield Avenue		Amount of Each Disbursement this Period 4450.00 Transaction ID : SB17.4129
City Algonquin State IL Zip Code 60102	Purpose of Disbursement Fundraising Consultant	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

Full Name (Last, First, Middle Initial) B. Argiris Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 1830 Ridgefield Avenue		Amount of Each Disbursement this Period 8550.00 Transaction ID : SB17.4130
City Algonquin State IL Zip Code 60102	Purpose of Disbursement Fundraising Consultant	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

Full Name (Last, First, Middle Initial) c. CFO - Compliance		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address One Park Row Fifth Floor		Amount of Each Disbursement this Period 192.50 Transaction ID : SB17.4132
City Providence State RI Zip Code 02903	Purpose of Disbursement Compliance Consulting	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	13192.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

Full Name (Last, First, Middle Initial) A. Christensen & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 209 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4136
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consultant	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

Full Name (Last, First, Middle Initial) B. FLT Corporation		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 181 N Virginia St		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4141
City Crystal Lake State IL Zip Code 60014	Purpose of Disbursement Office Rent	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

Full Name (Last, First, Middle Initial) c. North Shore Printers		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 285.54 Transaction ID : SB17.4134
City Waukegan State IL Zip Code 60085	Purpose of Disbursement Printing	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	5285.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Dennis Anderson for Congress

Full Name (Last, First, Middle Initial) A. North Shore Printers		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 653.21 Transaction ID : SB17.4140
City Waukegan State IL Zip Code 60085	Purpose of Disbursement Printing	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

Full Name (Last, First, Middle Initial) B. North Shore Printers		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 535 South Sheridan Road		Amount of Each Disbursement this Period 285.59 Transaction ID : SB17.4144
City Waukegan State IL Zip Code 60085	Purpose of Disbursement Printing	
Candidate Name Dennis Anderson for Congress		Category/Type 001
Office Sought: <input checked="" 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: IL District: 14		

Full Name (Last, First, Middle Initial) c. Premier Commercial Realty		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012
Mailing Address 9225 South Route 31		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4133
City Lake in the Hills State IL Zip Code 60156	Purpose of Disbursement Office Rent	
Candidate Name Dennis Anderson for Congress		Category/Type
Office Sought: <input checked="" 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: IL District: 14		

SUBTOTAL of Disbursements This Page (optional).....	2938.80
TOTAL This Period (last page this line number only).....	21416.84

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Dennis Anderson Primary
 Mailing Address P.O. Box 8587 General
 Other (specify) ▼

City State ZIP Code
 Gurnee IL 60031

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 12 / D 16 / Y 2011 M M / D D / Y 12/31/2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	25000.00
TOTALS This Period (last page in this line only).....	25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.