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Image# 15950598945

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3   | For An  | Authorized Com                          | mittee   |                  |                           | Office Use Only                 |
|--|---|---|--|------------------|---------------------------|---------------------------------|
| NAME OF COMMITTEE (in                          | TYPE OR PRII                                    | ·                                       | ample: If typiner the lines.                     | g, type          | 12FE4M5                   |                                 |
| Dennis Anders                                  | on for Congress                                 |   |  | 1 1 1 1          |                           |                                 |
|  |   |   |  |                  |                           |                                 |
| ADDRESS (number and                            | P.O. Box 858                                    | 7                                       |  |                  |                           |                                 |
| TIPO (named and                                |   |   |  | 1 1 1 1          |                           |                                 |
| Check if diff<br>than previou<br>reported. (A0 | sly   Gunree                                    |   |  |                  | IL L                      | 60031                           |
| 2. <b>FEC IDENTIFIC</b>                        | ATION NUMBER ▼                                  | CITY                                    |  | ;                | STATE A                   | ZIP CODE                        |
| C C0050745                                     | 9   | 3. IS THIS<br>REPORT                    | NEW (N)  | OR               | × AMEND<br>(A)            | STATE ▼ DISTRICT                |
| (a) Quarterly Re                               | Quarterly Report (Q1)                           | (b) 12-Day <b>PRE</b>                   | -Election Repo<br>Primary (12P)<br>Convention (1 |                  | General (1<br>Special (12 |                                 |
|  | Quarterly Report (Q2)  15 Quarterly Report (Q3) | Election on                             | M M /  | D D /            | Y Y Y Y                   | in the<br>State of              |
| January  | 31 Year-End Report (YE)                         | (c) 30-Day <b>POS</b>                   | <b>T</b> -Election Rep                           | oort for the:    |                           |                                 |
|  |   |   | General (30G                                     | i)               | Runoff (30                | R) Special (30S)                |
| Terminat                                       | ion Report (TER)                                | Election on                             | M M /  | D D /            | Y Y Y Y                   | in the<br>State of              |
| 5. Covering Period                             | M M / D D D 01                                  | / Y " Y " Y " Y " Y " Y " Y " Y " Y " Y | through  | M M 06           | / <mark>30</mark> /       | 2013                            |
| -  | kamined this Report and                         | •                                       | owledge and I                                    | belief it is tru | ue, correct and           | l complete.                     |
| Type or Print Name o                           | f Treasurer Susan Glad                          | Anderson                                |  |                  |                           |                                 |
| Signature of Treasure                          | Susan Glad-Anderson                             |   | [Electronically I                                | Filed] D         | ate 02                    | 05 / 9 9 9 9 9                  |
| NOTE: Submission of f                          | false, erroneous, or incomp                     | lete information may                    | subject the per                                  | son signing t    | his Report to th          | ne penalties of 2 U.S.C. §437g. |
| Office<br>Use<br>Only                          |   |   |  |                  |                           | FEC FORM 3<br>(Revised 02/2003) |

### **SUMMARY PAGE**

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

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Write or Type Committee Name

### **Dennis Anderson for Congress**

04 06 30 2013 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 0.00 100.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 100.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 0.00 2743.59 (from Line 17) ..... (b) Total Offsets to Operating 0.00 74.48 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 2669.11 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 120.53 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 59950.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

# **Dennis Anderson for Congress**

|            | I. RECEIPTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------|---|-------------------------------|------------------------------------|
| 1. CC      | ONTRIBUTIONS (other than loans) FROM:   |                               |                                    |
| (a)        | Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)   | 0.00                          | 0.00                               |
|            | (ii) Unitemized   | 0.00                          | 100.00                             |
|            | (iii) TOTAL of contributions from individuals                                       | 0.00                          | 100.00                             |
| (b)        |   | 0.00                          | 0.00                               |
| (0)        | (such as PACs)  | 0.00                          | 0.00                               |
| (d)<br>(e) | TOTAL CONTRIBUTIONS   | 0.00                          | 0.00                               |
|            | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))                        | 0.00                          | 100.00                             |
|            | RANSFERS FROM OTHER JTHORIZED COMMITTEES  | 0.00                          | 0.00                               |
|            | DANS:   |                               |                                    |
| (a)        | Made or Guaranteed by the Candidate   | 0.00                          | 250.00                             |
| (b)        |   | 0.00                          | 0.00                               |
| (c)        | TOTAL LOANS (add Lines 13(a) and (b))   | 0.00                          | 250.00                             |
|            | FFSETS TO OPERATING  (PENDITURES  |                               |                                    |
|            | efunds, Rebates, etc.)  | 0.00                          | 74.48                              |
|            | THER RECEIPTS ividends, Interest, etc.)   | 0.00                          | 0.00                               |
| - 11       | OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) arry Total to Line 24, page 4) | 0.00                          | 424.48                             |

# **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Disbursements

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|     | II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B Election Cycle-to-Date |
|-----|--|-------------------------------|---------------------------------|
| 17. | OPERATING EXPENDITURES   | 0.00                          | 2743.59                         |
| 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)                           | 0.00                          | 2743.59                         |
|     | III. CASH SU   | JMMARY                        |                                 |
| 23. | CASH ON HAND AT BEGINNING OF REPO  | RTING PERIOD                  | 120.53                          |
| 24  | TOTAL RECEIPTS THIS PERIOD (from Line  | 16, page 3)                   | 0.00                            |
| 25. | SUBTOTAL (add Line 23 and Line 24)   |                               | 120.53                          |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro   | om Line 22)                   | 0.00                            |
| 27. | CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)                     |                               | 120.53                          |

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson General Mailing Address Other (specify) ulletP.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>16<sup>D</sup> <sup>M</sup> 12<sup>M</sup> 2011 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| DANS                                    |                                | Detailed Summary Page (check only one)                             |
|---|--------------------------------|--|
| AME OF COMMITTEE (In Full)              |                                | Transaction ID : SC/10.4275  |
| Pennis Anderson for Congre              | SS                             |  |
| LOAN SOURCE Full Name (Last, F          | irst, Middle Initial)          | [PERSONAL FUNDS] Election: 2012                                    |
| Dennis Anderson                         |                                | General  |
| Mailing Address P.O. Box 8587           |                                | Other (specify) ▼  |
| City                                    | State ZIP                      | Code   |
| Gurnee                                  | IL 600                         | 031  |
| Original Amount of Loan                 | Cumulative Paymen              | t To Date Balance Outstanding at Close of This Period              |
| 5000.                                   | 00                             | 0.00 5000.00   |
| TERMS  Date Incurred                    | Date [                         | Due Interest Rate Secured:   |
| M 03 M / D 15 D / Y 2012                | Y M M / D D /                  | <sup>1</sup> 12/31/2012  |
| List All Endorsers or Guarantors (      | f any) to Loan Source          | Tes No   |
| 1. Full Name (Last, First, Middle In    | itial)                         | Name of Employer   |
| Mailing Address                         |                                | Occupation   |
| City                                    | State ZIP Code                 | Amount<br>Guaranteed   |
| 2. Full Name (Last, First, Middle Init  | ial)                           | Outstanding:  Name of Employer                                     |
| 2. I dii Name (Last, First, Middle IIII | iaij                           | Name of Employer   |
| Mailing Address                         |                                | Occupation   |
| O'th .                                  | 04-4- 7ID 0-4-                 | Amount<br>Guaranteed   |
| City                                    | State ZIP Code                 | Outstanding:   |
| 3. Full Name (Last, First, Middle Init  | ial)                           | Name of Employer   |
| Mailing Address                         |                                | Occupation   |
| au.                                     |                                | Amount   |
| City                                    | State ZIP Code                 | Guaranteed Outstanding:  |
| 4. Full Name (Last, First, Middle Init  | ial)                           | Name of Employer   |
| Mailing Address                         |                                | Occupation   |
|   |                                | Amount   |
| City                                    | State ZIP Code                 | Guaranteed Outstanding:  |
| SUBTOTALS This Period This Page (o      | ptional)                       | 5000.00  |
| OTALS This Period (last page in this    | line only)                     | ·······  |
| Carry outstanding balance only to LIN   | E 3, Schedule D, for this line | e. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4338 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> Ž012 12/31/2012 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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| DANS  |               |                           | Detailed Summary Pag                 |  |
|---|---------------|---------------------------|--------------------------------------|--|
| AME OF COMMITTEE (In Full)  Dennis Anderson for Congi | ress          |                           | Transac                              | etion ID : SC/10.4284                    |
| LOAN SOURCE Full Name (Last<br>Dennis Anderson        |               | le Initial)               | [PERSONAL FUNDS]                     | Election: 2012 Primary General           |
| Mailing Address<br>P.O. Box 8587                      |               |                           |                                      | Other (specify)                          |
| City  | 5             | State ZIP Co              | de                                   |  |
| Gurnee  |               | IL 60031                  |                                      |  |
| Original Amount of Loan                               |               | Cumulative Payment To     | Date Bala                            | ance Outstanding at Close of This Period |
| 500   | 00.00         | 7                         | 0.00                                 | 5000.00                                  |
| TERMS  Date Incurred  M03  Date Incurred  Y 2012      | Y MC          | Date Due                  | Interest Rate 0011 0.00              | % (apr)                                  |
| List All Endorsers or Guarantors                      | s (if any) to | Loan Source               |                                      | Yes No                                   |
| 1. Full Name (Last, First, Middle                     | Initial)      |                           | Name of Employer                     |  |
| Mailing Address                                       |               |                           | Occupation                           |  |
| City  | State         | ZIP Code                  | Amount<br>Guaranteed<br>Outstanding: | 9 9                                      |
| 2. Full Name (Last, First, Middle                     | Initial)      |                           | Name of Employer                     |  |
| Mailing Address                                       |               |                           | Occupation                           |  |
| City  | State         | ZIP Code                  | Amount<br>Guaranteed<br>Outstanding: | 9 9 9                                    |
| 3. Full Name (Last, First, Middle                     | Initial)      |                           | Name of Employer                     |  |
| Mailing Address                                       |               |                           | Occupation                           |  |
| City  | State         | ZIP Code                  | Amount Guaranteed Outstanding:       | 9 9                                      |
| 4. Full Name (Last, First, Middle                     | Initial)      |                           | Name of Employer                     |  |
| Mailing Address                                       |               |                           | Occupation                           |  |
| City  | State         | ZIP Code                  | Amount<br>Guaranteed<br>Outstanding: | 9 1 9 1 1 2                              |
| SUBTOTALS This Period This Page                       | (optional)    |                           | ······                               | 5000.00                                  |
| FOTALS This Period (last page in th                   | is line only) |                           |                                      |  |
| Carry outstanding balance only to L                   | INE 3. Sche   | dule D. for this line. If | no Schedule D. carry forv            | vard to appropriate line of Summary.     |

Use separate schedule(s)

FOR LINE NUMBER:

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| LOANS                                |                      |                       | Detailed Summ                        |                  | (check only one)                   | ×               | 13a<br>13b |
|--------------------------------------|----------------------|-----------------------|--------------------------------------|------------------|------------------------------------|-----------------|------------|
| NAME OF COMMITTEE (In Fu             |                      |                       |                                      | Transaction      | ID : SC/10.4467                    |                 |            |
| LOAN SOURCE Full Nan Dennis Anderson | ne (Last, First, Mic | Idle Initial)         |                                      |                  | ection: 2012<br>Primary<br>General |                 |            |
| Mailing Address<br>P.O. Box 8587     |                      |                       |                                      |                  | Other (specify)                    |                 |            |
| City                                 |                      | State ZIP             | Code                                 | -                |                                    |                 |            |
| Gurnee                               |                      | IL 600                | 031                                  |                  |                                    |                 |            |
| Original Amount of Loan              | 2200.00              | Cumulative Payment    | t To Date                            | Balance          | Outstanding at Close o             | f This<br>200.0 | _          |
| TERMS                                |                      | 7                     | <u> </u>                             |                  | 2                                  | -               |            |
| Date Incurr                          | ed<br>Y Ž01Ž Y       | Date D                | Oue Inter                            | est Rate<br>0.00 | Secu % (apr)                       |                 | X          |
| List All Endorsers or Gua            | arantors (if any) to | o Loan Source         |                                      |                  | 1                                  | <u>′es</u>      | <u>No</u>  |
| 1. Full Name (Last, First,           | Middle Initial)      |                       | Name of Employe                      | r                |                                    |                 |            |
| Mailing Address                      |                      |                       | Occupation                           |                  |                                    |                 |            |
| City                                 | State                | ZIP Code              | Amount Guaranteed Outstanding:       |                  |                                    |                 |            |
| 2. Full Name (Last, First,           | Middle Initial)      |                       | Name of Employe                      | r                |                                    |                 |            |
| Mailing Address                      |                      |                       | Occupation                           |                  |                                    |                 |            |
| City                                 | State                | ZIP Code              | Amount Guaranteed Outstanding:       |                  |                                    |                 |            |
| 3. Full Name (Last, First,           | Middle Initial)      |                       | Name of Employe                      | r                |                                    |                 |            |
| Mailing Address                      |                      |                       | Occupation                           |                  |                                    |                 |            |
| City                                 | State                | ZIP Code              | Amount Guaranteed Outstanding:       |                  |                                    |                 |            |
| 4. Full Name (Last, First,           | Middle Initial)      |                       | Name of Employe                      | r                |                                    |                 |            |
| Mailing Address                      |                      |                       | Occupation                           |                  |                                    |                 |            |
| City                                 | State                | ZIP Code              | Amount<br>Guaranteed<br>Outstanding: | 7                | 7                                  |                 |            |
| SUBTOTALS This Period Thi            |                      |                       |                                      |                  | 7 7 2                              | 200.0           | 00         |
| Carry outstanding balance of         | unly to LINE 3 Sch   | edule D for this line | If no Schedule D. ca                 | rry forward      | to appropriate line of             | Sum             | mary       |

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4634 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 02 <sup>M</sup>06<sup>M</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4636 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>16 Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

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| DANS                               |                 |                            | Detailed Summary Pa                  |  |
|------------------------------------|-----------------|----------------------------|--------------------------------------|--|
| AME OF COMMITTEE (In Full)         |                 |                            | Transa                               | ction ID : SC/10.4637                    |
| Dennis Anderson for Cong           | gress           |                            |                                      |  |
| LOAN SOURCE Full Name (Las         | st, First, Midd | dle Initial)               |                                      | Election: 2012                           |
| Dennis Anderson                    |                 |                            |                                      | Primary  General                         |
| Mailing Address<br>P.O. Box 8587   |                 |                            |                                      | Other (specify)                          |
| City                               |                 | State ZIP Co               | ode                                  | , L                                      |
| Gurnee                             |                 | IL 60031                   |                                      |  |
| Original Amount of Loan            |                 | Cumulative Payment To      | Date Bala                            | ance Outstanding at Close of This Period |
|                                    | 400.00          |                            | 0.00                                 | 400.00                                   |
| Date Incurred  M 06 / D 18 / Y 201 | ž Y             | Date Due                   | Interest Rat                         | e Secured:                               |
| List All Endorsers or Guaranto     | rs (if anv) to  | Loan Source                |                                      | Yes No                                   |
| Full Name (Last, First, Middle)    |                 |                            | Name of Employer                     |  |
| Mailing Address                    |                 |                            | Occupation                           |  |
| City                               | State           | ZIP Code                   | Amount Guaranteed Outstanding:       | 9 9                                      |
| 2. Full Name (Last, First, Middle  | Initial)        |                            | Name of Employer                     |  |
| Mailing Address                    |                 |                            | Occupation                           |  |
| City                               | State           | ZIP Code                   | Amount<br>Guaranteed<br>Outstanding: | 9 9                                      |
| 3. Full Name (Last, First, Middle  | Initial)        |                            | Name of Employer                     |  |
| Mailing Address                    |                 |                            | Occupation                           |  |
| City                               | State           | ZIP Code                   | Amount<br>Guaranteed<br>Outstanding: | 7 7 7                                    |
| 4. Full Name (Last, First, Middle  | Initial)        |                            | Name of Employer                     |  |
| Mailing Address                    |                 |                            | Occupation                           |  |
| City                               | State           | ZIP Code                   | Amount Guaranteed Outstanding:       | 7 7 7 7                                  |
| SUBTOTALS This Period This Page    | e (optional)    |                            | <b>&gt;</b>                          | 400.00                                   |
| TOTALS This Period (last page in t | this line only) |                            | ·····                                |  |
| Carry outstanding balance only to  | LINE 3. Sche    | edule D. for this line. If | no Schedule D. carry for             | ward to appropriate line of Summary.     |

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4638 NAME OF COMMITTEE (In Full) **Dennis Anderson for Congress** LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 06<sup>M</sup> <sup>D</sup>19<sup>D</sup> Ž012 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.5053 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5052 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>25 <sup>M</sup> 07<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5050 NAME OF COMMITTEE (In Full) Dennis Anderson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Dennis Anderson ★ General Mailing Address Other (specify)  $\blacktriangledown$ P.O. Box 8587 City State ZIP Code IL 60031 Gurnee Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup>08<sup>M</sup> Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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