

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ERIKA FOR CONGRESS

ADDRESS (number and street)

PO BOX 368

Check if different than previously reported. (ACC)

URBANA

IL

61803

2. FEC IDENTIFICATION NUMBER

C C00545822

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

IL

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X

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 10 / 01 / 2013

through

M M / D D / Y Y Y Y 12 / 31 / 2013

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

Type or Print Name of Treasurer Dan Backer

Signature of Treasurer Dan Backer

[Electronically Filed]

Date

M M / D D / Y Y Y Y 01 / 31 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ERIKA FOR CONGRESS

Report Covering the Period: From: / / 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))....	64379.78	215284.45
(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)).....	64379.78	215284.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42418.46	94114.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	774.58	774.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41643.88	93339.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	121944.48	
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).....	1400.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ERIKA FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	50048.13	169146.91
(ii) Unitemized.....	11831.65	30337.77
(iii) TOTAL of contributions from individuals ▶	61879.78	199484.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	13250.00
(d) The Candidate.....	0.00	2549.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	64379.78	215284.45
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.)	774.58	774.58
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)..... ▶	65154.36	216059.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42418.46	94114.55
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) ►	42418.46	94114.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	99208.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	65154.36
25. SUBTOTAL (add Line 23 and Line 24).....	164362.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42418.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	121944.48

**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 55
	<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)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Acheson

Mailing Address 9 GREENCROFT Dr
0

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA11AI.5480

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Bradley Loyd Alexander

Mailing Address 412 Ponce de Leon PL

City Decatur State GA Zip Code 30030

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

Name of Employer Occupation

Receipt For:
 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
 10 / 04 / 2013

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mildred J Anderson

Mailing Address 209 W Green St

City Urbana State IL Zip Code 61801

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

Name of Employer NA Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2013

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period
250.00

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 6 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
S.R. Andresen

Mailing Address 4006 Lake Pr. Rd.

City Champaign State IL Zip Code 61822

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SA11AI.5494

Amount of Each Receipt this Period
150.00

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

Mailing Address 1022 W ARMORY St
0

City Champaign State IL Zip Code 61821

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

Name of Employer Occupation
 Northwestern Mutual Wealth Management Financial Advisor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2013

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period
100.00

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

Mailing Address 303 N COTTAGE AVE

City NORMAL State IL Zip Code 61761

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

Name of Employer Occupation
 Fidelity National Financial Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period
2250.00

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

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

2500.00

**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 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) PAUL BENDER		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013	
Mailing Address 303 N COTTAGE AVE		Transaction ID : SA11AI.5512	
City NORMAL	State IL	Zip Code 61761	Amount of Each Receipt this Period _____ 2250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Fidelity National Financial	Occupation Lawyer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4950.00		

Full Name (Last, First, Middle Initial) Edward M Bruner		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013	
Mailing Address 2022 CURETON Dr		Transaction ID : SA11AI.5525	
City Urbana	State IL	Zip Code 61801	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Anthropologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) Edward M Bruner		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2013	
Mailing Address 2022 CURETON Dr		Transaction ID : SA11AI.5526	
City Urbana	State IL	Zip Code 61801	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Anthropologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3250.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jan Prisby Bryson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 04 / 2013
Mailing Address 310 Marla Circle		Transaction ID : SA11AI.5528
City Riverdale	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Jill Bullington		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2013
Mailing Address 778 13th St		Transaction ID : SA11AI.5530
City Boulder	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer N/A	Occupation N/A	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) C. Mark Burns		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2013
Mailing Address 2421 N 1450 EAST Rd		Transaction ID : SA11AI.5533
City White Heath	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Great News Radio	Occupation Station Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donald Burrell

Mailing Address 5061 Hodgkins PI SW

City Lilburn State GA Zip Code 30047

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.5535

Amount of Each Receipt this Period
200.00

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

Mailing Address 155 Riverside Dr Apt 5A

City New York State NY Zip Code 10024

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

Name of Employer Silvercrest Asset Management Occupation Economist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period
1600.00

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

Mailing Address 19800 Woodside Dr 0

City New Lenox State IL Zip Code 60451

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

Name of Employer Kingsbury Acres Greenhouse Occupation Retail-Wholesale

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.5538

Amount of Each Receipt this Period
250.00

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 10 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jean Clary

Mailing Address 5635 Whitner Dr NW

City Atlanta State GA Zip Code 30327

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

Name of Employer Ken Clary and Company Occupation Administrator

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Laura M. Cook

Mailing Address 1102 Country Ln.

City Champaign State IL Zip Code 61821-4422

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

Name of Employer Occupation

Receipt For: 2014 Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.5548

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1250 S INDIANA

City CHICAGO State IL Zip Code 60605

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

Name of Employer BARNES & THORNBURG LLP Occupation ATTORNEY

Receipt For: 2014 Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 15 / 2013

Transaction ID : SA11AI.5551

Amount of Each Receipt this Period
 2600.00

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

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

3900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. J. Andrew Edwards		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2013	
Mailing Address 990A Country Rd 1350 E		Transaction ID : SA11AI.5562	
City Tolono State IL Zip Code 61880	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. J. Andrew Edwards		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2013	
Mailing Address 990A Country Rd 1350 E		Transaction ID : SA11AI.5871	
City Tolono State IL Zip Code 61880	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. J. Andrew Edwards		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2013	
Mailing Address 990A Country Rd 1350 E		Transaction ID : SA11AI.5872	
City Tolono State IL Zip Code 61880	Amount of Each Receipt this Period 2300.00 Excessive contribution refunded in Q1		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 12 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

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

Mailing Address 990A County Road 1350 E

City Tolono State IL Zip Code 61880

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

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 1206 Sussex Ct

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
John H Elder

Mailing Address PO Box 71

City Higgins Lake State MI Zip Code 48527

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

Name of Employer Meyer Capel Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period
 250.00

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

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

Mailing Address **PO Box 71**

City **Higgins Lake** State **MI** Zip Code **48527**

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

Name of Employer **Meyer Capel** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
250.00

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

Mailing Address **4815 Allison Drive**

City **Champaign** State **IL** Zip Code **61822**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 27 / 2013

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Craig M Engle

Mailing Address **1717 K Street NW**

City **Washington** State **DC** Zip Code **20036**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period
150.00

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

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

800.00

**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 14 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kurt Froehlich		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2013
Mailing Address 44 Main St Room 310		Transaction ID : SA11AI.5580
City Champaign State IL Zip Code 61820	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Name of Employer Evans, Froehlich, Beth & Chamley Occupation Attorney	Amount of Each Receipt this Period 650.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) B. Kurt Froehlich		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2013
Mailing Address 44 Main St Room 310		Transaction ID : SA11AI.5579
City Champaign State IL Zip Code 61820	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Name of Employer Evans, Froehlich, Beth & Chamley Occupation Attorney	Amount of Each Receipt this Period 1050.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00	

Full Name (Last, First, Middle Initial) C. Jan Gross		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2013
Mailing Address 335 Breakwater Rdg		Transaction ID : SA11AI.5585
City Dawsonville State GA Zip Code 30534	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Name of Employer JC Designs Occupation Interior Designer	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 15 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carlos Gutierrez

Mailing Address 3150 S Street Northwest
Unit 3-C

City Washington State DC Zip Code 20007

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

Name of Employer Albright Stonebridge Group Occupation Vice Chair

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period
250.00

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

Mailing Address 21 Winston Pl

City Rochester State NY Zip Code 14607

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

Name of Employer N/A Occupation Retired Community Center Director

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.5591

Amount of Each Receipt this Period
250.00

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

Mailing Address 1203 Sussex Court

City Champaign State IL Zip Code 61821

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
398.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.5597

Amount of Each Receipt this Period
199.00

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

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

699.00

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

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

FOR LINE NUMBER: PAGE 16 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Clare S. Haussermann

Mailing Address 1203 Sussex Court

City Champaign State IL Zip Code 61821

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **398.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.5595

Amount of Each Receipt this Period
199.00

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

Mailing Address 131 Walthall St

City Atlanta State GA Zip Code 30316

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

Name of Employer Occupation
 H&H Companies LLC Business Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.5873

Amount of Each Receipt this Period
500.00

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

Mailing Address 1615 Thoreau Dr

City Suwanee State GA Zip Code 30024

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

Name of Employer Occupation
 self housewife

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 12 / 2013

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
500.00

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

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

1199.00

**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 17 OF 55
	<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)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Catherine Hyer

Mailing Address 1615 Thoreau Dr

City State Zip Code
Suwanee GA 30024

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

Name of Employer self Occupation housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Daphne Bryson Jackson

Mailing Address 100 Peachtree St NW

City State Zip Code
Atlanta GA 30303

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

Name of Employer Govlink Inc. Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.5882

Amount of Each Receipt this Period
250.00

Govlink Inc Improper Contribution Refunded in Q1

C. Full Name (Last, First, Middle Initial)
Angela E. Jancola

Mailing Address 209 W Green St

City State Zip Code
Urbana IL 61801

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

Name of Employer Parkland College Occupation Counselor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2013

Transaction ID : SA11AI.5622

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Angela E. Jancola		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 209 W Green St		Transaction ID : SA11AI.5620
City Urbana	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parkland College	Occupation Counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Angela E. Jancola		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 209 W Green St		Transaction ID : SA11AI.5621
City Urbana	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Parkland College	Occupation Counselor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) C. Ronald Jones		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 702 S GRANT 0		Transaction ID : SA11AI.5629
City Clinton	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Professional Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ronald Jones

Mailing Address 702 S GRANT
0

City Clinton State IL Zip Code 61727

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

Name of Employer Self-Employed Occupation Professional Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.5632

Amount of Each Receipt this Period
250.00

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

Mailing Address 801 N Brookside Ln
0

City Mahomet State IL Zip Code 61853

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA11AI.5640

Amount of Each Receipt this Period
100.00

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

Mailing Address 801 N Brookside Ln
0

City Mahomet State IL Zip Code 61853

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA11AI.5639

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 20 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Beth Kindt		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013	
Mailing Address 801 N Brookside Ln 0		Transaction ID : SA11AI.5641	
City Mahomet	State IL	Zip Code 61853	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NA	Occupation NA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. William Lawless		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013	
Mailing Address 1209 PARK TERRACE Ln 0		Transaction ID : SA11AI.5660	
City Champaign	State IL	Zip Code 61821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Lawless Commodities Inc	Occupation Commodity Trading Advisor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		

Full Name (Last, First, Middle Initial) C. William Lawless		Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013	
Mailing Address 1209 PARK TERRACE Ln 0		Transaction ID : SA11AI.5658	
City Champaign	State IL	Zip Code 61821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Lawless Commodities Inc	Occupation Commodity Trading Advisor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4250.00		

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) William Lawless		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2013	
Mailing Address 1209 PARK TERRACE Ln 0		Transaction ID : SA11AI.5661	
City Champaign State IL Zip Code 61821	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Lawless Commodities Inc Occupation Commodity Trading Advisor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4350.00		

Full Name (Last, First, Middle Initial) William Lawless		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2013	
Mailing Address 1209 PARK TERRACE Ln 0		Transaction ID : SA11AI.5659	
City Champaign State IL Zip Code 61821	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer Lawless Commodities Inc Occupation Commodity Trading Advisor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4450.00		

Full Name (Last, First, Middle Initial) Cecile E Lebenson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2013	
Mailing Address 307 W INDIANA Ave		Transaction ID : SA11AI.5663	
City Urbana State IL Zip Code 61801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer NA Occupation NA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 22 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cecile E Lebonson

Mailing Address 307 W INDIANA Ave

City Urbana State IL Zip Code 61801

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

Name of Employer NA Occupation NA

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.5664

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Barbara J Lichti

Mailing Address 909 Devonshire Dr

City Champaign State IL Zip Code 61821

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

Name of Employer self-employed Occupation accountant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.5672

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Barbara J Lichti

Mailing Address 909 Devonshire Dr

City Champaign State IL Zip Code 61821

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

Name of Employer self-employed Occupation accountant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.5673

Amount of Each Receipt this Period
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stefan M. Lopatkiewicz

Mailing Address 1819 Shepherd St. NW.

City Washington State DC Zip Code 20011

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.5677

Amount of Each Receipt this Period
150.00

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

Mailing Address 301 N NEIL ST

City CHAMPAIGN State IL Zip Code 61820

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

Name of Employer Occupation
UNIVERSITY OF ILLINOIS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
250.00

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

Mailing Address 2211 EAGLE RIDGE Rd
0

City Champaign State IL Zip Code 61822

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

Name of Employer Occupation
NA Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.5698

Amount of Each Receipt this Period
200.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Carl Meyer

Mailing Address 2211 EAGLE RIDGE Rd
0

City Champaign State IL Zip Code 61822

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

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA11AI.5697

Amount of Each Receipt this Period
200.00

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

Mailing Address 1606 S Staley Rd.

City Champaign State IL Zip Code 61822

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.5711

Amount of Each Receipt this Period
200.00

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

Mailing Address 980 Martinson Court

City North Aurora State IL Zip Code 60542

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.26

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA11AI.5719

Amount of Each Receipt this Period
150.13

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

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

550.13

**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 25 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) Tracy Nugent		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013
Mailing Address 1219 Dorchester Dr.		Transaction ID : SA11AI.5730
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Tracy Nugent		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2013
Mailing Address 1219 Dorchester Dr.		Transaction ID : SA11AI.5729
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Sara J. Peters		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013
Mailing Address 1008 Galen Dr.		Transaction ID : SA11AI.5740
City Champaign	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer NA	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 26 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sara J. Peters

Mailing Address 1008 Galen Dr.

City Champaign State IL Zip Code 61821

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

Name of Employer NA Occupation Housewife

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : SA11AI.5738

Amount of Each Receipt this Period
 _____ 400.00

B. Full Name (Last, First, Middle Initial)
Richard A Rak

Mailing Address 1815 A E Amber Ln.

City Urbana State IL Zip Code 61802

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.5743

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
Richard A Rak

Mailing Address 1815 A E Amber Ln.

City Urbana State IL Zip Code 61802

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11AI.5742

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 2400.00

**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 27 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) Tim Silence		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2013
Mailing Address 2807 Krishire Dr		Transaction ID : SA11AI.5792
City Charleston	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Business Supplies and Equipment	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Duncan Campbell Smith III		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2013
Mailing Address 600 New Hampshire Ave NW Suite 1200		Transaction ID : SA11AI.5800
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blank Rome LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Duncan Campbell Smith III		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2013
Mailing Address 600 New Hampshire Ave NW Suite 1200		Transaction ID : SA11AI.5798
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blank Rome LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) harley smith		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2013
Mailing Address 7025 washington		Transaction ID : SA11AI.5804
City st louis	State MO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Linda W. Stark		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2013
Mailing Address 116 E. Church		Transaction ID : SA11AI.5811
City Savoy	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Linda W. Stark		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2013
Mailing Address 116 E. Church		Transaction ID : SA11AI.5810
City Savoy	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK STERN

Mailing Address 3525 S CASS ST

City OAK BROOK State IL Zip Code 60523

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

Name of Employer BURKE WARREN MACKAY & SERRITEL Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 07 / 2013

Transaction ID : SA11AI.5818

Amount of Each Receipt this Period
100.00

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

Mailing Address 3525 S CASS ST

City OAK BROOK State IL Zip Code 60523

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

Name of Employer BURKE WARREN MACKAY & SERRITEL Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 13 / 2013

Transaction ID : SA11AI.5819

Amount of Each Receipt this Period
100.00

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

Mailing Address 550 Bridgewater Dr NW
0

City Sandy Springs State GA Zip Code 30328

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

Name of Employer N/A Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.5829

Amount of Each Receipt this Period
500.00

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

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

700.00

**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 30 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kevin Tobin

Mailing Address 216 W Hill St
Apt 5

City Chicago State IL Zip Code 60610

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

Name of Employer Tobin Development Corporation Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.5879

Amount of Each Receipt this Period
500.00

Tobin Development Corp. Improper Contribution Refunded in Q1

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

Mailing Address 3460 Kingsboro Rd NE
Apt 626

City Atlanta State GA Zip Code 30326

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

Name of Employer City of Atlanta GA Occupation Deputy Director Communications

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period
250.00

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

Mailing Address 4151 GULF SHORE BLVD N

City NAPLES State FL Zip Code 34103

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

Name of Employer Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.5835

Amount of Each Receipt this Period
300.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 31 OF 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLOTTE WANDELL

Mailing Address 4151 GULF SHORE BLVD N

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Betsy W. Werronen

Mailing Address 1881 N Nash St PH-10

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Betsy W. Werronen

Mailing Address 1881 N Nash St PH-10

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.5843

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 32 OF 55
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Betsy W. Werronen

Mailing Address 1881 N Nash St PH-10

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11AI.5844

Amount of Each Receipt this Period
150.00

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

Mailing Address 1673 County Road 2500 E

City State Zip Code
St. Joseph IL 61873

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

Name of Employer Occupation
Greyfield Legacies LLC Executive Coach, Mentor & Speaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2013

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1673 County Road 2500 E

City State Zip Code
St. Joseph IL 61873

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

Name of Employer Occupation
Greyfield Legacies LLC Executive Coach, Mentor & Speaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2013

Transaction ID : SA11AI.5875

Amount of Each Receipt this Period
1000.00

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

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

2150.00

**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)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 33 OF 55

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ehud Yairi

Mailing Address 100 E Mc Henry

City Urbana State IL Zip Code 61801

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
 11 / 12 / 2013

Transaction ID : SA11AI.5857

Amount of Each Receipt this Period
 250.00

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

Mailing Address 100 E Mc Henry

City Urbana State IL Zip Code 61801

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
 11 / 19 / 2013

Transaction ID : SA11AI.5856

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Edwin D Young

Mailing Address 300 Brookview Dr

City Farmer City State IL Zip Code 61842

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

Name of Employer Occupation
 Young's Ye Olde Hair Shoppe Owner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 21 / 2013

Transaction ID : SA11AI.5859

Amount of Each Receipt this Period
 250.00

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

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

750.00

50048.13

**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 34 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Attorneys Title Guaranty Fund INC. Federal Political Action Committee

Mailing Address 2408 Windsor Place
P.O. Box 9136

City Champaign State IL Zip Code 61826-9138

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11C.5863

Amount of Each Receipt this Period
 2500.00

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).....

2500.00

2500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 55
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American

Mailing Address 4333 Amon Carter Blvd

City State Zip Code
Ft Worth TX 76155

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
354.98

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2013

Transaction ID : SA14.5868

Amount of Each Receipt this Period
177.49
Partial refund 20131127

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

Mailing Address 27-01 Queens Plaza North

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
209.80

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2013

Transaction ID : SA14.5865

Amount of Each Receipt this Period
209.80
Partial refund 20131210

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

Mailing Address 27-01 Queens Plaza North

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
419.60

Date of Receipt
M M / D D / Y Y Y Y
12 / 11 / 2013

Transaction ID : SA14.5866

Amount of Each Receipt this Period
209.80
Partial refund 20131210

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

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

597.09

597.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 296.80
City Ft Worth	State TX	
Zip Code 76155		
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 296.80
City Ft Worth	State TX	
Zip Code 76155		
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PHIL BLOOMER		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 2425A COUNTY ROAD 1225N		Amount of Each Disbursement this Period 150.00
City ST. JOSEPH	State IL	
Zip Code 61873		
Purpose of Disbursement tickets & data	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	743.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHIL BLOOMER			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013	
Mailing Address 2425A COUNTY ROAD 1225N			Amount of Each Disbursement this Period 418.95	
City ST. JOSEPH	State IL	Zip Code 61873	Transaction ID : SB17.5396	
Purpose of Disbursement data services		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CONSERVATIVE CONNECTOR LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013	
Mailing Address 435 E MAIN ST SUITE 250			Amount of Each Disbursement this Period 5000.00	
City GREENWOOD	State IN	Zip Code 46143	Transaction ID : SB17.5436	
Purpose of Disbursement Online fundraising		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Delta			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013	
Mailing Address 1030 Delta Blvd			Amount of Each Disbursement this Period 399.60	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SB17.5342	
Purpose of Disbursement Airfare		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5818.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 409.90 Transaction ID : SB17.5341
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 409.90 Transaction ID : SB17.5343
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Delta		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 403.90 Transaction ID : SB17.5345
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1223.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Delta		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 403.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5346
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Delta		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 354.80
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5348
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Delta		M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 354.80
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5349
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1113.50
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 40 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5350
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 60.90
City Atlanta	State GA Zip Code 30354	
Purpose of Disbursement Airfare	Category/Type 002	Transaction ID : SB17.5347
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 557.00
City Champaign	State IL Zip Code 61821	
Purpose of Disbursement campaign admin services	Category/Type 001	Transaction ID : SB17.5365
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	678.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 532.84 Transaction ID : SB17.5364
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5363
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Deb Edinger		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 1202 Julie Dr.		Amount of Each Disbursement this Period 546.00 Transaction ID : SB17.5362
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement campaign admin services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1578.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Expedia		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 333 108th Avenue NE		Amount of Each Disbursement this Period 302.84 Transaction ID : SB17.5423
City Bellevue State WA Zip Code 98004	Purpose of Disbursement lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hamptons Inns		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 11 Thunderbird Circle		Amount of Each Disbursement this Period 206.80 Transaction ID : SB17.5352
City Litchfield State IL Zip Code 62056	Purpose of Disbursement lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 3622.26 Transaction ID : SB17.5359
City Urbana State IL Zip Code 61801	Purpose of Disbursement campaign expenses 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4131.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 270.78 Transaction ID : SB17.5360
City Urbana State IL Zip Code 61801	Purpose of Disbursement T-shirts Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Robert Harold		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 115 E Holmes		Amount of Each Disbursement this Period 2830.60 Transaction ID : SB17.5358
City Urbana State IL Zip Code 61801	Purpose of Disbursement campaign expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Integrated Marketing LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 719 Main St		Amount of Each Disbursement this Period 440.00 Transaction ID : SB17.5456
City Peoria State IL Zip Code 61602	Purpose of Disbursement Advertising materials Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3541.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jetblue			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 27-01 Queens Plaza North			Amount of Each Disbursement this Period 209.80 Transaction ID : SB17.5410
City Long Island City	State NY	Zip Code 11101	
Purpose of Disbursement Airfare	Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Jetblue			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 27-01 Queens Plaza North			Amount of Each Disbursement this Period 209.80 Transaction ID : SB17.5411
City Long Island City	State NY	Zip Code 11101	
Purpose of Disbursement Airfare	Candidate Name		Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Jorns Signs			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 317 S. Main St.			Amount of Each Disbursement this Period 1160.00 Transaction ID : SB17.5421
City Hillsboro	State IL	Zip Code 62049	
Purpose of Disbursement billboard, signs	Candidate Name		Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1579.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JTnet, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 788 N. Sunnyside Rd.		Amount of Each Disbursement this Period 242.27 Transaction ID : SB17.5469
City Decatur	State IL	
Zip Code 62522	Purpose of Disbursement website management	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JTnet, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 788 N. Sunnyside Rd.		Amount of Each Disbursement this Period 1095.00 Transaction ID : SB17.5468
City Decatur	State IL	
Zip Code 62522	Purpose of Disbursement website management	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Martin, Hood, Friese, & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 2507 South Neil Street		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5405
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Accounting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2537.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 55	
	<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)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Martin, Hood, Friese, & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 2507 South Neil Street		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5406
City Champaign State IL Zip Code 61820	Purpose of Disbursement Accounting services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. McLean County Republicans		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 503 Prospect St Suite 209		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5442
City Bloomington State IL Zip Code 61704	Purpose of Disbursement event sponsorship Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 87.64 Transaction ID : SB17.5400
City URBANA State IL Zip Code 61802	Purpose of Disbursement event food Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1787.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MEIJER		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 2500 PHILO ROAD		Amount of Each Disbursement this Period 22.39
City URBANA State IL Zip Code 61802	Purpose of Disbursement event food Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5401

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 448 S HILL ST #200		Amount of Each Disbursement this Period 99.00
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement web service fee Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5440

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 448 S HILL ST #200		Amount of Each Disbursement this Period 99.00
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement web service fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5439

SUBTOTAL of Disbursements This Page (optional).....	220.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 448 S HILL ST #200		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.5438
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement web service fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 448 S HILL ST #200		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.5437
City LOS ANGELES	State CA	
Zip Code 90013	Purpose of Disbursement web service fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NPC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 5100 INTERCHANGE WAY		Amount of Each Disbursement this Period 405.87 Transaction ID : SB17.5450
City LOUISVILLE	State KY	
Zip Code 40229	Purpose of Disbursement processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	603.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5474
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement tele-town hall services	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Red Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address PO Box 548		Amount of Each Disbursement this Period 1950.00 Transaction ID : SB17.5473
City Bassett	State VA	
Zip Code 24055	Purpose of Disbursement tele-town hall services	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.16 Transaction ID : SB17.5373
City San Mateo	State CA	
Zip Code 94404	Purpose of Disbursement communication services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3514.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.18
City San Mateo State CA Zip Code 94404	Purpose of Disbursement communication services 001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5372
State: District:		

Full Name (Last, First, Middle Initial) B. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 24.47
City San Mateo State CA Zip Code 94404	Purpose of Disbursement online training communication services 001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5374
State: District:		

Full Name (Last, First, Middle Initial) c. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1400 Fashion Island Blvd Suite 700		Amount of Each Disbursement this Period 64.18
City San Mateo State CA Zip Code 94404	Purpose of Disbursement communication services 001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.5371
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	152.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Julia Rointhaler		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 19850 US Highway 150		Amount of Each Disbursement this Period 335.49 Transaction ID : SB17.5390
City Bloomington	State IL	
Zip Code 61705	Purpose of Disbursement Atlanta/DC/Chicago trip services	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 5001.00 Transaction ID : SB17.5412
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement campaign web consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1667.00 Transaction ID : SB17.5413
City URBANA	State IL	
Zip Code 61802	Purpose of Disbursement campaign web consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7003.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARK SHELDEN		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 2908 MYRA RIDGE DR		Amount of Each Disbursement this Period 1667.00 Transaction ID : SB17.5414
City URBANA State IL Zip Code 61802	Purpose of Disbursement campaign consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. StarNet Digital Publishing		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address P.O. Box 1145		Amount of Each Disbursement this Period 466.00 Transaction ID : SB17.5463
City Bloomington State IL Zip Code 61702-1145	Purpose of Disbursement Advertising materials 006 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DONNA TANNER-HAROLD		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 115 E HOLMES ST		Amount of Each Disbursement this Period 284.73 Transaction ID : SB17.5356
City URBANA State IL Zip Code 61801	Purpose of Disbursement campaign expenses 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2417.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 55		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DONNA TANNER-HAROLD		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2013
Mailing Address 115 E HOLMES ST		Amount of Each Disbursement this Period 522.31 Transaction ID : SB17.5357
City URBANA	State IL	
Zip Code 61801	Purpose of Disbursement campaign expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 1.61 Transaction ID : SB17.5393
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 202 S. Broadway Ave.		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.5392
City Urbana	State IL	
Zip Code 61801	Purpose of Disbursement postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	593.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
ERIKA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USAirway		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 230.90 Transaction ID : SB17.5429
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. USAirway		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 4000 E Sky Harbor Blvd		Amount of Each Disbursement this Period 230.90 Transaction ID : SB17.5430
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WSOY FM		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 250 N. Water Street Suite 100		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5399
City Decatur State IL Zip Code 62523	Purpose of Disbursement media Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1211.80
TOTAL This Period (last page this line number only).....	40452.97

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

ERIKA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Martin, Hood, Friese, & Associates, LLC

Mailing Address 2507 South Neil Street

City State Zip Code
 Champaign IL 61820

Nature of Debt (Purpose):
 2nd Quarter Accounting & Consulting Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.5295**
 1200.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deanna S. Mool

Mailing Address Mool Law Firm LLC
 PO Box 327

City State Zip Code
 Sherman IL 62684

Nature of Debt (Purpose):
 Legal Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.5299**
 200.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	1400.00
2) TOTALS This Period (last page this line number only)	▶	1400.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		1400.00