

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

Plummer for Congress

ADDRESS (number and street)

PO Box 1272

Check if different than previously reported. (ACC)

OFallon

IL

62269

2. **FEC IDENTIFICATION NUMBER**

C C00504340

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IL 12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY
04 / 01 / 2012 through 06 / 30 / 2012

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

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

MM / DD / YYYY
10 / 13 / 2012

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Plummer 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))....	236737.12	476738.12
(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)).....	236737.12	476738.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	130798.50	324938.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	130798.50	324938.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	216420.16	
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).....	146705.90	

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

Plummer for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	101405.00	235030.00
(ii) Unitemized.....	15082.12	35518.12
(iii) TOTAL of contributions from individuals ▶	116487.12	270548.12
(b) Political Party Committees.....	1000.00	6225.00
(c) Other Political Committees (such as PACs).....	119250.00	199965.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	236737.12	476738.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	4620.63	4620.63
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	50000.00	60000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50000.00	60000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	291357.75	541358.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	130798.50	324938.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	130798.50	324938.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55860.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	291357.75
25. SUBTOTAL (add Line 23 and Line 24).....	347218.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	130798.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	216420.16

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Amended per request for additional information dated 9/4/12 to correct debt figures.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. JULIE ARVOLA

Mailing Address 12 NORTHBRIDGE LANE

City State Zip Code
EDWARDSVILLE IL 62025-3845

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1286

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JULIE ARVOLA

Mailing Address 12 NORTHBRIDGE LANE

City State Zip Code
EDWARDSVILLE IL 62025-3845

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1448

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD J. BAGY JR.

Mailing Address 7707 FORSYTH BLVD

City State Zip Code
CLAYTON MO 63105-1809

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FIRST NATIONAL BANK OF ST. LOUIS BANKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1250

Amount of Each Receipt this Period

CONTRIBUTION

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

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 7 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. D. KEVIN BARDOT

Mailing Address 1626 BENTSHIRE CT

City State Zip Code
ELLISVILLE MO 63011-4754

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIXSON LUMBER SALESMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1408

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAY H. BEARD

Mailing Address P.O. BOX 652

City State Zip Code
EDWARDSVILLE IL 62025-0652

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CARRINGTON HOMES PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1269

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JORDAN BERNSTEIN

Mailing Address 9336 CASTLE HILL ROAD

City State Zip Code
SPRINGFIELD VA 22153-3900

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CASSIDY AND ASSOCIATES GOVERNEMENT RELATIONS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1482

Amount of Each Receipt this Period

CONTRIBUTION

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

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 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. KEVIN P. BITTNER

Mailing Address 536 COOL DELL CT

City State Zip Code
MANCHESTER MO 63021-8010

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BITTNER TAX PREP PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1410

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DENNIS G. BLUMBERG

Mailing Address 7786 COUNTY LINE RD

City State Zip Code
COLLINSVILLE IL 62234-7002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HUNTINTON CHASE BUILDER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1270

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DENNIS G. BLUMBERG

Mailing Address 7786 COUNTY LINE RD

City State Zip Code
COLLINSVILLE IL 62234-7002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HUNTINTON CHASE BUILDER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1452

Amount of Each Receipt this Period

CONTRIBUTION

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

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 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL BOPP

Mailing Address 422 CASS AVE.

City State Zip Code
EDWARDSVILLE IL 62025-1125

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1228

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CAMILLA T. BRAUER

Mailing Address 11250 HUNTER DRIVE

City State Zip Code
BRIDGETON MO 63044-2306

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1273

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN F. BRAUER

Mailing Address 1125 HUNTER DRIVE

City State Zip Code
BRIDGETON MO 63044

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

Name of Employer Occupation
HUNTER ENGINEERING COMPANY CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1272

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

3300.00

**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 10 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES L. BRITTINGHAM

Mailing Address 255 LOCUST ROAD

City WINNETKA State IL Zip Code 60093-3608

FEC ID number of contributing federal political committee.

Name of Employer ROLLEX CORPORATION Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1245

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSHUA BROWN

Mailing Address 3470 VICKSBURG DRIVE

City EDWARDSVILLE State IL Zip Code 62025-3138

FEC ID number of contributing federal political committee.

Name of Employer SUPERIOR HOME BUILDERS Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1290

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. TERRI S. BRYANT

Mailing Address 457 LEE LN

City MURPHYSBORO State IL Zip Code 62966-6431

FEC ID number of contributing federal political committee.

Name of Employer IL DEPARTMENT OF CORRECTIONS Occupation DIETARY MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.509

Amount of Each Receipt this Period

CONTRIBUTION

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

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 11 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. CRAIG BURKHARDT

Mailing Address 4000 CATHEDRAL AVE NW, STE 217B

City WASHINGTON	State DC	Zip Code 20016-5265
--------------------	-------------	------------------------

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

Name of Employer BARNES & THORNBURG, LLP	Occupation ATTORNEY
---	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1233

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER J. BURTON

Mailing Address 419 SOUTH CLAY

City KIRKWOOD	State MO	Zip Code 63122-5807
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
---	--

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1412

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LUCIA F. BUSCH

Mailing Address 27 RED CEDAR PARC CT

City OFALLON	State MO	Zip Code 63368-6603
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF
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Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1413

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

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

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

4500.00

**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 12 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) DEAN CAMPBELL		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2012	
Mailing Address 10923 CAMPBELL RD.		Transaction ID : SA11.1489	
City COULTERVILLE	State IL	Zip Code 62237-1031	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer CAMPBELL FARMS (SELF EMPLOYED)	Occupation FARMER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) MRS. GLORIA M. CAMPOS		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2012	
Mailing Address 1101 N 16TH STREET		Transaction ID : SA11.498	
City MURPHYSBORO	State IL	Zip Code 62966-2908	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer HAPPY HOUSE	Occupation CO-OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) MRS. GLORIA M. CAMPOS		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2012	
Mailing Address 1101 N 16TH STREET		Transaction ID : SA11.511	
City MURPHYSBORO	State IL	Zip Code 62966-2908	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer HAPPY HOUSE	Occupation CO-OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	350.00

**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 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MS. CHRISTINA CAPOBIANCO

Mailing Address 14 WOODLEAF CT

City ST. PAUL State MO Zip Code 63366-4630

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1414

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KAY SHARON CASSENS

Mailing Address 653 CAMP THREE LANE

City CORVALLIS State MT Zip Code 59828-9645

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1454

Amount of Each Receipt this Period
2500.00

PRIMARY DEBT

C. Full Name (Last, First, Middle Initial)
KAY SHARON CASSENS

Mailing Address 653 CAMP THREE LANE

City CORVALLIS State MT Zip Code 59828-9645

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1455

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

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

7000.00

**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 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES G. CASTELLANO

Mailing Address 2536 OAK SPRINGS LANE

City ST. LOUIS State MO Zip Code 63131-1114

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

Name of Employer RUBINBROWN LLP Occupation CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1447

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRETT COMBS

Mailing Address 301 BARN SIDE LANE

City EUREKA State MO Zip Code 63025-1649

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

Name of Employer COMBS MINI STORAGE Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1406

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. COURTNEY

Mailing Address 5705 LAKE BRIAR DRIVE

City MILLSTADT State IL Zip Code 62260-2628

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

Name of Employer HELTICH Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1230

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1550.00

**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 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES DAECH

Mailing Address 6024 TIMBERWOLFE DRIVE

City State Zip Code
GLEN CARBON IL 62034-1371

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

Name of Employer Occupation
SELF EMPLOYED CONTRACTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1299

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. D. L. DAVIS

Mailing Address 401 SPRESSER STREET

City State Zip Code
TAYLORVILLE IL 62568-1853

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1422

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARTIN L. DAVIS

Mailing Address 401 SPRESSER STREET

City State Zip Code
TAYLORVILLE IL 62568-1853

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1421

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

5500.00

**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 16 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. EMMA JEAN DURR

Mailing Address 864 KOONCE RD

City MURPHYSBORO State IL Zip Code 62966-6048

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

Name of Employer PIRATE COVE ASSOC. Occupation DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11.485

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. ECKERT

Mailing Address 204 N ALTON STREET

City LEBANON State IL Zip Code 62254-1305

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1451

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MATTHEW H. ENGELHORN

Mailing Address 303 S. WOODLAND AVENUE

City BLOOMINGTON State IL Zip Code 61701-5670

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

Name of Employer AMERHART Occupation SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1446

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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: (check only one)	PAGE 17 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN A. FABICK III

Mailing Address 14710 WESTERLY PLACE

City State Zip Code
CHESTERFIELD MO 63017-7925

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

Name of Employer Occupation
FABICK CAT OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1416

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL T. FAHNESTOCK

Mailing Address 4803 PEAR TREE LANE

City State Zip Code
GODFREY IL 62035-4165

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

Name of Employer Occupation
SELF EMPLOYED CONTRACTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1409

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK S. FELTS

Mailing Address PO BOX 20139

City State Zip Code
SAINT LOUIS MO 63123-0339

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

Name of Employer Occupation
SELF INSURANCE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1418

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

**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 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN GRANT FOGARTY

Mailing Address 4980 N. MARINE DRIVE
#432

City CHICAGO State IL Zip Code 60640-7823

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

Name of Employer LAW OFFICE OF JOHN FOGARTY Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1481

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARILYN FOX

Mailing Address 7701 FORSYTH BOULEVARD
SUITE 600

City ST. LOUIS State MO Zip Code 63105-1875

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1271

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ADAM T. GLOSIER 1519 HERIT

Mailing Address

City SAINT PETERS State MO Zip Code 63303

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

Name of Employer ROI REALTY PARTNERS Occupation REAL ESTATE BROKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1363

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

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

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

2900.00

**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 19 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) MR. ROBERT GROGAN		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012
Mailing Address 418 BUNNING DRIVE		Transaction ID : SA11.1464
City DOWNERS GROVE	State IL	Zip Code 60516-1433
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer DUPAGE COUNTY	Occupation AUDITOR	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

Full Name (Last, First, Middle Initial) MR. CHARLES L. HANFELDER		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012
Mailing Address 680 WASHINGTON AVENUE		Transaction ID : SA11.1227
City EAST ALTON	State IL	Zip Code 62024-1228
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) RAYMOND CHRIS HECK		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012
Mailing Address 440 N. WABASH AVE. UNIT 2307		Transaction ID : SA11.1491
City CHICAGO	State IL	Zip Code 60611-3555
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer KIRKLAND & ELLIS LLP	Occupation ATTORNEY	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	600.00
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 20 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVE A. HEINE

Mailing Address 10908 MOELLER RD.

City State Zip Code
NEW HAVEN IN 46774-9611

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

Name of Employer Occupation
DO IT BEST CORPORATION VICE PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11.1253

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WALTER HIXON

Mailing Address P.O. BOX 816028

City State Zip Code
DALLAS TX 75381-6028

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

Name of Employer Occupation
HIXSON LUMBER INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11.1244

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARGARET M. HOLLORAN

Mailing Address 6035 LANSLOWNE

City State Zip Code
SAINT LOUIS MO 63109-2243

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

Name of Employer Occupation
HOLLORAN CONTRACTING OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1419

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5500.00

**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 21 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. THOMAS HOLLOWAY

Mailing Address **3 NORTHBRIDGE CIRCLE**

City **EDWARDSVILLE** State **IL** Zip Code **62025-3842**

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

Name of Employer **THEBANK OF EDWARDSVILLE** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1298

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MELINDA L. HULT

Mailing Address **421 EAST C STREET**

City **BELLEVILLE** State **IL** Zip Code **62220-4012**

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

Name of Employer **RETIRED/CITY COUNCIL** Occupation **RETIRED/CITY COUNCIL**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1293

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JERRY M. HUNTER

Mailing Address **245 UNION BLVD**

City **SAINT LOUIS** State **MO** Zip Code **63108-1222**

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

Name of Employer **BRYAN CAVE LLP** Occupation **PARTNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1287

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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 22 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. CATHERINE M. JAMES

Mailing Address 5 CARRIAGE WAY E

City SAINT PETERS State MO Zip Code 63376-2325

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

Name of Employer WARRIOR BUILDING PRODUCTS Occupation SALESPERSON

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1503

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CATHERINE M. JAMES

Mailing Address 5 CARRIAGE WAY E

City SAINT PETERS State MO Zip Code 63376-2325

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

Name of Employer WARRIOR BUILDING PRODUCTS Occupation SALESPERSON

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1503B

Amount of Each Receipt this Period
 -500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO PRIMARY DEBT**

C. Full Name (Last, First, Middle Initial)
MRS. CATHERINE M. JAMES

Mailing Address 5 CARRIAGE WAY E

City SAINT PETERS State MO Zip Code 63376-2325

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

Name of Employer WARRIOR BUILDING PRODUCTS Occupation SALESPERSON

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1507

Amount of Each Receipt this Period
 500.00

CONTRIBUTION-PRIMARY DEBT

**[MEMO ITEM]
REDESIGNATION FROM GENERAL**

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

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

3000.00

**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 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. TERRY JOHNSON

Mailing Address 907 FAR OAKS

City State Zip Code
CASEYVILLE IL 62232-2814

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE BROKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1291

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD A. JORGENSEN

Mailing Address 1028 GARY COURT

City State Zip Code
WHEATON IL 60187-4000

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PRIVATE PRACTICE DOCTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1320

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE JUDD

Mailing Address REQUESTED

City State Zip Code
ATLANTA GA 30348

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BLUELEINX MANAGMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1236

Amount of Each Receipt this Period

CONTRIBUTION

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

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 24 OF 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. MARK KASPER
 Mailing Address 1630 N. HIDDEN FALLS CT.
 City State Zip Code
 DE PERE WI 54115-3389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AMERHART LTD PRESIDENT
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 30 2012
Transaction ID : SA11.1469
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LOREN KLAUS
 Mailing Address 204 GLENWOOD CT.
 City State Zip Code
 GLEN CARBON IL 62034-1028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED FARMER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 10 2012
Transaction ID : SA11.1289
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT S. LEPERE
 Mailing Address 185 BERRINGER DRIVE
 City State Zip Code
 O'FALLON IL 62269-6779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FIRST NATIONAL BANK OF ST. LOUIS BANKER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 10 2012
Transaction ID : SA11.1284
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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 25 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. CHARLES LINNEMEYER

Mailing Address 448 GRAFTON HILLS DRIVE

City State Zip Code
GRAFTON IL 62037-1200

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALTON STEEL EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1300

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. TEMPOE LYONS

Mailing Address 1573 MARY TODD LANE

City State Zip Code
O'FALLON IL 62269-6676

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1477

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 1804 CREEKSIDE CT.

City State Zip Code
DARIEN IL 60561-5300

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1502

Amount of Each Receipt this Period

CONTRIBUTION

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

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 26 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. STEVEN P. MACK

Mailing Address 112 SUMMERLIN RIDGE DRIVE

City State Zip Code
O'FALLON IL 62269

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MAEK RISK MANAGEMENT BROKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1296

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. AMY MAHER

Mailing Address 8762 KLONDIKE ROAD

City State Zip Code
WORDEN IL 62097-1514

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MADISON COUNTY ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1282

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. AMY MAHER

Mailing Address 8762 KLONDIKE ROAD

City State Zip Code
WORDEN IL 62097-1514

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MADISON COUNTY ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1352

Amount of Each Receipt this Period

CONTRIBUTION

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

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 27 OF 120	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. AMY MAHER

Mailing Address 8762 KLONDIKE ROAD

City WORDEN State IL Zip Code 62097-1514

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

Name of Employer MADISON COUNTY Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **580.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1366

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. AMY MAHER

Mailing Address 8762 KLONDIKE ROAD

City WORDEN State IL Zip Code 62097-1514

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

Name of Employer MADISON COUNTY Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **580.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1463

Amount of Each Receipt this Period
 30.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. MAIN

Mailing Address REQUESTED

City State IL Zip Code

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

Name of Employer SELF EMPLOYED Occupation DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11.1319

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

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

430.00

**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 28 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MARCELLINE MALONE

Mailing Address 12421 THRIVES AVE

City State Zip Code
GARFIELD HEIGHTS OH 44125-4423

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1407

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. K. E. MARSCHUETZ

Mailing Address 6136 N LAKESHORE DRIVE

City State Zip Code
HILLSBORO MO 63050-1510

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

Name of Employer Occupation
SELF CONSTRUCTION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1415

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JULIE MASCHHOFF

Mailing Address 18391 POST OAK ROAD

City State Zip Code
CARLYLE IL 62231-3017

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

Name of Employer Occupation
THE MASCHOFFS LLC CO-OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : SA11.1265

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

3500.00

**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 29 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. JULIE MASCHHOFF

Mailing Address 18391 POST OAK ROAD

City State Zip Code
CARLYLE IL 62231-3017

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

Name of Employer Occupation
THE MASCHOFFS LLC CO-OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1373

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 2507 N VERNON ST

City State Zip Code
ARLINGTON VA 22207-4008

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

Name of Employer Occupation
FIERCE, ISAKOWITZ AND BLALOCK SR VP

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1483

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JONATHAN MCLEAN

Mailing Address 109 LAS OLAS DRIVE

City State Zip Code
BELLEVILLE IL 62221-3114

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
354.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1365

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

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

1525.00

**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 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. BRAD MCMILLIN

Mailing Address 1415 W. HWY 50

City O'FALLON State IL Zip Code 62269-3014

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1456

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MIKE E. MEADOWS

Mailing Address 1032 BLUFFHAVEN WAY

City ATLANTA State GA Zip Code 30319-4817

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

Name of Employer Occupation
BLUELINX SALES MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : SA11.1252

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK D. MESTEMACHER

Mailing Address 4775 S. HAZEL ROAD

City EDWARDSVILLE State IL Zip Code 62025-4500

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

Name of Employer Occupation
CERES CONSULTING LLC OWNER - BARGE TRANSPORTATION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11.1266

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

6000.00

**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 31 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. RICHARD J. MILITELLO

Mailing Address 8000 MARYLAND AVE
SUITE 1250

City Clayton State MO Zip Code 63105-3951

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

Name of Employer MILITELLO WEALTH MANAGEMENT, LLC Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1274

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN D. MILNE

Mailing Address 409 G STREET SE

City WASHINGTON State DC Zip Code 20003-4257

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

Name of Employer MCAPITOL MANAGEMENT Occupation SENIOR VICE PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.519

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MAX B. MULLINS

Mailing Address 5002 MONKE AVE

City LICHFIELD State IL Zip Code 62056-4553

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

Name of Employer MULLINS SALVAGE Occupation SELF-EMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11.477

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

3000.00

**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 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. REBEKAH S. MULLINS

Mailing Address 5002 MONKE AVE

City State Zip Code
LICHFIELD IL 62056-4553

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

Name of Employer Occupation
MAYFIELD BROTHERS SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1288

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. NANCY A. NOAKES

Mailing Address 4030 EAST SHORE DRIVE

City State Zip Code
HILLSBORO MO 63050-2050

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1411

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID NORTHWAY

Mailing Address P.O. BOX 250

City State Zip Code
GLEN CARBON IL 62034-0250

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

Name of Employer Occupation
SELF EMPLOYED INSURANCE AGENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1275

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. GEORGE OBERNAGEL III

Mailing Address **4 COUNTRY LAKES LANE**

City **WATERLOO** State **IL** Zip Code **62298-2900**

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

Name of Employer **MONROE COUNTY ELECTRIC COOP** Occupation **DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **3200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1302

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM PARKER

Mailing Address **1065 FRESWATER LANDE**

City **CICERO** State **IN** Zip Code **46034**

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

Name of Employer **SELF EMPLOYED** Occupation **SALES REP**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11.1248

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES F. PATRICK

Mailing Address **903 MAIN ST.**

City **CARTERVILLE** State **IL** Zip Code **62918-5158**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.1334

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

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

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

1575.00

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

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

FOR LINE NUMBER: PAGE 34 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES F. PATRICK

Mailing Address 903 MAIN ST.

City State Zip Code
CARTERVILLE IL 62918-5158

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1372

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TED L. PENTECOST

Mailing Address 2700 MUIRFIELD COURT

City State Zip Code
MARION IL 62959-5224

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

Name of Employer Occupation
OLD TYME HARDWARE CO. OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11.1321

Amount of Each Receipt this Period
 225.00
 CONTRIBUTION

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

Mailing Address 404 E. UNION AVENUE

City State Zip Code
LITCHFIELD IL 62056-1566

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

Name of Employer Occupation
PLUMMER FUNERAL SERVICES OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1495

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

775.00

**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 35 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. MICHAEL G. REHKEMPER

Mailing Address 418 PLUM LANE

City State Zip Code
NEW BADEN IL 62265-1147

FEC ID number of contributing federal political committee.

Name of Employer Occupation
REHKEMPER TRUSS BUSINESS OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1285

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRUCE RIEDLE

Mailing Address 106 CARRINGTON CT

City State Zip Code
EDWARDSVILLE IL 62025-3105

FEC ID number of contributing federal political committee.

Name of Employer Occupation
R.P. LUMBER CO ADMINISTRATION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1303

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BERNIE ROBINSON

Mailing Address 408 A STREET, SE

City State Zip Code
WASHINGTON DC 20003-3807

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE LIVINGSTON GROUP, LLC PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1226

Amount of Each Receipt this Period

CONTRIBUTION

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

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 36 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. CHRISTINE A. RONZIO

Mailing Address 9438 SAPPINGTON ESTATES DRIVE

City SAINT LOUIS State MO Zip Code 63127-1664

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

Name of Employer RONZIO LEMAY CORP Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1417

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALBERT S. ROSE

Mailing Address 800 HANLEY ROAD #2A

City ST LOUIS State MO Zip Code 63105-2688

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

Name of Employer LEWIS RICE FINGERSH, LC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1368

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CRAIG SCHNUCK

Mailing Address 11420 LACKLAND ROAD

City ST. LOUIS State MO Zip Code 63146-3559

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

Name of Employer SCHNUCK'S MARKETS Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11.1267

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

5000.00

**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 37 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. MATTHEW W. SCHRIMPF

Mailing Address 3669 TORCH CLUB RD

City ALTON State IL Zip Code 62002-7947

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

Name of Employer HARTFORD WOOD RIVER TERMINAL Occupation MANAGEMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.1297

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. R WILLIAM SCHRIMPF

Mailing Address 445 COUNTRY CLUB VIEW

City EDWARDSVILLE State IL Zip Code 62025-3694

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

Name of Employer PIASA MANAGEMENT COMPANY LLC Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1232

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK SHASHEK

Mailing Address 9106 FRUIT ROAD

City EDWARDSVILLE State IL Zip Code 62025-6608

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

Name of Employer CASSENS TRANSPORT Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1459

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2000.00

**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 38 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. HARRIS H. SIMMONS

Mailing Address 475 E OAK FOREST RD

City State Zip Code
SALT LAKE CITY UT 84103-2244

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

Name of Employer Occupation
ZIONS FIRST NATIONAL BANK CHAIRMAN/CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2012

Transaction ID : SA11.1318

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREGORY S. SPREHE

Mailing Address 703 DAVID LIVINGSTON DRIVE

City State Zip Code
CARTERVILLE IL 62918-1025

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

Name of Employer Occupation
PACKAGING COMPANY OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2012

Transaction ID : SA11.479

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GREGORY S. SPREHE

Mailing Address 703 DAVID LIVINGSTON DRIVE

City State Zip Code
CARTERVILLE IL 62918-1025

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

Name of Employer Occupation
PACKAGING COMPANY OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2012

Transaction ID : SA11.490

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

2100.00

**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 39 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. EDDIE STRAWN

Mailing Address 83 STRAWN LANE

City State Zip Code
PLUMERVILLE AR 72127-8903

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

Name of Employer Occupation
HIXON LUMBER MANAGEMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11.1249

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDDIE STRAWN

Mailing Address 83 STRAWN LANE

City State Zip Code
PLUMERVILLE AR 72127-8903

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

Name of Employer Occupation
HIXON LUMBER MANAGEMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11.1251

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT TAYLOR

Mailing Address 531 GOLFWAY DR.

City State Zip Code
FORT WAYNE IN 46814-9161

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

Name of Employer Occupation
DO IT BEST CORPORATION PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : SA11.1246

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1700.00

**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 40 OF 120
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. BRIAN URY

Mailing Address 57 CALSTRADA DR

City STAUNTON State IL Zip Code 62088-1682

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

Name of Employer FIRST NATIONAL BANK OF STAUNTON Occupation VICE PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1292

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ANN L. WAGNER

Mailing Address 313 SAINT ANDREWS CT

City BALLWIN State MO Zip Code 63011-2504

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1295

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWIN L. WAHL

Mailing Address 3 CLAYCHESTER LANE

City ST LOUIS State MO Zip Code 63131-4007

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

Name of Employer APEX OIL CO. Occupation EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1371

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 120
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT J. WALTERS

Mailing Address 8824 STRAUBE RIDGE RD

City State Zip Code
BELLEVILLE IL 62012-2203

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

Name of Employer Occupation
SOUTHWESTERN IL EMPLOYERS ASSN RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 29 2012

Transaction ID : SA11.1364

Amount of Each Receipt this Period
50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. WANDA WEDER

Mailing Address 4 WILLOW CREEK

City State Zip Code
HIGHLAND IL 62249-2611

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

Name of Employer Occupation
HIGHLAND SUPPLY CORP. EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 09 2012

Transaction ID : SA11.1304

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CAROL WETZEL

Mailing Address 18 GINGER CREST

City State Zip Code
GLEN CARBON IL 62034-3513

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 10 2012

Transaction ID : SA11.1294

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 42 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. BRANDON WHITTAKER

Mailing Address 3305 KARROS CT

City State Zip Code
EDWARDSVILLE IL 62025-3233

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CITY OF EDWARDSVILLE POLICE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.476

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LAURA A. WILSON

Mailing Address 20 CHESAPEAKE TRAIL

City State Zip Code
COLUMBIA IL 62236-4361

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1231

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DON WOLF

Mailing Address 11718 AUTUMN TREE DR

City State Zip Code
FORT WAYNE IN 46845-1902

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1247

Amount of Each Receipt this Period

CONTRIBUTION

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

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 43 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. AURA M. WOODRUFF

Mailing Address **P.O. BOX 3308**

City **CARBONDALE** State **IL** Zip Code **62902-3308**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11.508

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT A. YUNGCK

Mailing Address **7112 HEARTLAND DRIVE**

City **MORO** State **IL** Zip Code **62067-1574**

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

Name of Employer **SELF EMPLOYED** Occupation **CONTRACTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1229

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DREW SELLENRIEK LLC

Mailing Address **#7 TRUITT DRIVE**

City **EUREKA** State **MO** Zip Code **63025-1920**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1420

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

3050.00

**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 44 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. DREW SELLENRIEK

Mailing Address #7 TRUITT DRIVE

City State Zip Code
EUREKA MO 63025-1920

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

Name of Employer Occupation
DREW SELLENRIEK LLC PARTNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1440

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

[MEMO ITEM]

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).....

0.00

101405.00

**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 45 OF 120
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MONROE COUNTY REPUBLICAN CENTRAL COMMITTEE

Mailing Address

City: WATERLOO State: IL Zip Code: 62298

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

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **06 / 29 / 2012**

Transaction ID : SA11.1424

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

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: _____

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: _____

Amount of Each Receipt this Period

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

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

_____ 1000.00

_____ 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 46 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address 13401 REDCOAT LANE

City State Zip Code
PHOENIX MD 21131-2109

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : SA11.1312

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AUSTIN SCOTT FOR CONGRESS INC

Mailing Address P.O. BOX 2530

City State Zip Code
TIFTON GA 31793-2530

FEC ID number of contributing federal political committee. **C** C00482737

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.530

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BILL FLORES FOR CONGRESS

Mailing Address P.O. BOX 6207

City State Zip Code
BRYAN TX 77805-6207

FEC ID number of contributing federal political committee. **C** C00472241

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.551

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

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

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

3500.00

**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 47 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address P.O. BOX 27

City: HOLLIDAYSBURG State: PA Zip Code: 16648-0027

FEC ID number of contributing federal political committee: **C** C00364935

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 19 / 2012

Transaction ID : SA11.1313

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address P.O. BOX 27

City: HOLLIDAYSBURG State: PA Zip Code: 16648-0027

FEC ID number of contributing federal political committee: **C** C00364935

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 06 / 2012

Transaction ID : SA11.518

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION-PRIMARY DEBT

C. Full Name (Last, First, Middle Initial)
BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVE OF THE CITIES SUITE D

City: EAST MOLINE State: IL Zip Code: 61244-4053

FEC ID number of contributing federal political committee: **C** C00459354

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 14 / 2012

Transaction ID : SA11.1317

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

3500.00

**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 48 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
CANDICE MILLER FOR CONGRESS

Mailing Address P.O. BOX 182152

City State Zip Code
SHELBY TOWNSHIP MI 48318-2152

FEC ID number of contributing federal political committee. **C** C00365593

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.543

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR GRAHAM

Mailing Address 1233 TANGLEWOOD TRACE

City State Zip Code
O'FALLON IL 62269-3112

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1301

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR WEST

Mailing Address 1838 RIVIERA LN

City State Zip Code
O'FALLON IL 62269-6697

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1306

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2000.00

**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 49 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR KLINGBEIL

Mailing Address 1326 MERCANTILE DRIVE

City State Zip Code
HIGHLAND IL 62249-1240

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1308

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 51272

City State Zip Code
MIDLAND TX 79710-1272

FEC ID number of contributing federal political committee. **C C00383828**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.552

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1066

City State Zip Code
LEWISTOWN PA 17044-1066

FEC ID number of contributing federal political committee. **C C00444620**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1237

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS ROSS

Mailing Address **PO BOX 7310**

City **LAKELAND** State **FL** Zip Code **33807-7310**

FEC ID number of contributing federal political committee. **C C00459461**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1431

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM JOHNSON

Mailing Address **P.O. BOX 860096**

City **PLANO** State **TX** Zip Code **75086-0096**

FEC ID number of contributing federal political committee. **C C00250720**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.541

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address **7908 CINCINNATI DAYTON ROAD
SUITE I**

City **WEST CHESTER** State **OH** Zip Code **45069-6628**

FEC ID number of contributing federal political committee. **C C00237198**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.550

Amount of Each Receipt this Period
 _____ 2000.00

CONTRIBUTION

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

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

_____ 4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
GEOFF DAVIS FOR CONGRESS

Mailing Address PO BOX 17192

City FT. MITCHELL State KY Zip Code 41017-0192

FEC ID number of contributing federal political committee. **C C00369470**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2012

Transaction ID : SA11.1316

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KINZINGER FOR CONGRESS

Mailing Address PO BOX 487

City NEW LENOX State IL Zip Code 60451-0487

FEC ID number of contributing federal political committee. **C C00458877**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1425

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MCCAUL FOR CONGRESS

Mailing Address 815-A BRAZOS STREET

City AUSTIN State TX Zip Code 78701-2514

FEC ID number of contributing federal political committee. **C C00392688**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1242

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

3500.00

**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 52 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
RANDY HULTGREN FOR CONGRESS

Mailing Address P.O. BOX 717

City State Zip Code
ST CHARLES IL 60174-0717

FEC ID number of contributing federal political committee. **C** C00467522

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11.478

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN PLAZZO FOR CONGRESS

Mailing Address P.O. BOX 4634

City State Zip Code
BILOXI MS 39535-4634

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.527

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIM GRIFFIN FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 7526

City State Zip Code
LITTLE ROCK AR 72217-7526

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.532

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 120
	<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)
Plummer for Congress

A. VOLUNTEERS FOR SHIMKUS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 661
 City COLLINSVILLE State IL Zip Code 62234-0661
 FEC ID number of contributing federal political committee. **C** C00258855
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012
Transaction ID : SA11.1311
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. WALLY HERGER FOR CONGRESS COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 1007
 City WILLOWS State CA Zip Code 95988-1007
 FEC ID number of contributing federal political committee. **C** C00202523
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012
Transaction ID : SA11.531
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. WOMACK FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 508
 City ROGERS State AR Zip Code 72757-0508
 FEC ID number of contributing federal political committee. **C** C00477745
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012
Transaction ID : SA11.1238
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
21ST CENTURY PAC

Mailing Address **2052 LAKE AUDUBON COURT**

City **RESTON** State **VA** Zip Code **20191-4808**

FEC ID number of contributing federal political committee. **C C00315747**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.545

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 442**

City **SHARPSBURG** State **GA** Zip Code **30277-0442**

FEC ID number of contributing federal political committee. **C C00411579**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.544

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL POLITICAL ACTION COMMITTEE

Mailing Address **1111-14TH STREET NW SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20005-5627**

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1239

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN SECURITY PAC

Mailing Address 192 LIBERTY LANE

City ANNISTON State AL Zip Code 36207-2646

FEC ID number of contributing federal political committee. **C** C00439521

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1443

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ARCH COAL INC. POLITICAL ACTION COMMITTEE (ARCHPAC)

Mailing Address ONE CITY PLACE DRIVE

City ST. LOUIS State MO Zip Code 63141-7014

FEC ID number of contributing federal political committee. **C** C00167668

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1369

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 475 S TEGNER RD

City TURLOCK State CA Zip Code 95380-9406

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1436

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

4500.00

**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 56 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
CMR PAC

Mailing Address P.O. BOX 2485

City State Zip Code
SPRINGFIELD VA 22152-0485

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1240

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Mailing Address 333 S. WABASH
43-S

City State Zip Code
CHICAGO IL 60604-4107

FEC ID number of contributing federal political committee. **C C00078287**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : SA11.474

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONCERNED AMERICANS FOR FREEDOM & OPPORTUNITY PAC (CAFO PAC)

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C C00481176**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.559

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 57 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM PAC)

Mailing Address **5915 EASTMAN AVENUE
SUITE 100**
City **MIDLAND** State **MI** Zip Code **48640-6824**

FEC ID number of contributing federal political committee. **C C00350462**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012
Transaction ID : SA11.557

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

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

Mailing Address **819 PLANTATION BLVD**
City **GALLATIN** State **TN** Zip Code **37066-4497**

FEC ID number of contributing federal political committee. **C C00499996**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012
Transaction ID : SA11.1241

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE

Mailing Address **600 CORPORATE PARK**
City **ST. LOUIS** State **MO** Zip Code **63105-4204**

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **6000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2012
Transaction ID : SA11.1268

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **7000.00**
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 59 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003-1838

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.555

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GOOD FUND, THE

Mailing Address P.O. BOX 3404

City ALEXANDRIA State VA Zip Code 22302-0404

FEC ID number of contributing federal political committee. **C** C00409185

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.533

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HALLIBURTON COMPANY PAC

Mailing Address 10200 BELLAIRE BLVD

City HOUSTON State TX Zip Code 77072-5206

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1438

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

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

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

9000.00

**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 60 OF 120
	<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	

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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
HEALTH CARE LEADERSHIP COMMITTEE

Mailing Address **221 EAST CAPITOL AVENUE**

City **JEFFERSON CITY** State **MO** Zip Code **65101-3001**

FEC ID number of contributing federal political committee. **C C00323576**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1305

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address **701 8TH STREET, NW
SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20001-3965**

FEC ID number of contributing federal political committee. **C C00376038**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.540

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOUSE CONSERVATIVES FUND

Mailing Address **228 S. WASHINGTON STREET STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00326439**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1243

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

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

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

6500.00

**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 61 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
ICE PAC

Mailing Address P.O. BOX 752

City LONG LAKE State MN Zip Code 55356-0752

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.539

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ILLINOIS BEEF ASSOCIATION POLITICAL EDUCATION COMMITTEE

Mailing Address 2060 W ILES AVE SUITE B

City SPRINGFIELD State IL Zip Code 62704-4195

FEC ID number of contributing federal political committee. **C C00276618**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : SA11.473

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ILLINOIS TOOL WORKS INC. FOR BETTER GOVERNMENT COMMITTEE

Mailing Address 3600 WEST LAKE AVE

City GLENVIEW State IL Zip Code 60026-1215

FEC ID number of contributing federal political committee. **C C00000042**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1437

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

4500.00

**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 62 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
INVEST IN A STRONG AND SECURE AMERICA (ISSA PAC)

Mailing Address P.O. BOX 3799

City State Zip Code
VISTA CA 92085-3799

FEC ID number of contributing federal political committee. **C** C00450320

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.538

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20005-2842

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.553

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

Mailing Address 223 W FRANKLIN STREET

City State Zip Code
EPHRATA PA 17522-1934

FEC ID number of contributing federal political committee. **C** C00402172

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1453

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4500.00

**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 63 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
JOHN S FUND PAC

Mailing Address P.O. BOX 853

City State Zip Code
EDWARDSVILLE IL 62025-0853

FEC ID number of contributing federal political committee. **C** C00390831

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : SA11.517

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KAK-PAC

Mailing Address 1326 MERCANTILE DRIVE #262

City State Zip Code
HIGHLAND IL 62249-1240

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.1309

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KEEPING REPUBLICAN IDEAS STRONG TIMELY AND INVENTIVE (KRISTI

Mailing Address P.O. BOX 312

City State Zip Code
SIOUX FALLS SD 57101-0312

FEC ID number of contributing federal political committee. **C** C00493809

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.529

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 64 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
KOCH PAC - KOCH INDUSTRIES, INC PAC

Mailing Address 600 14TH STREET NW
SUITE 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11.1315

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C C00446625**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.537

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LONE STAR LEADERSHIP PAC

Mailing Address P.O. BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C C00415208**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.536

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

4500.00

**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 65 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
LOUISIANA VALUES PAC

Mailing Address **PO BOX 325**

City **MINDEN** State **LA** Zip Code **71058-0325**

FEC ID number of contributing federal political committee. **C C00466904**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1435

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LUDPAC NATIONAL LUMBER & MATERIAL DEALERS ASSN PAC

Mailing Address **2025 M STREET NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20036-2422**

FEC ID number of contributing federal political committee. **C C00039214**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : SA11.1314

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC (MC PAC)

Mailing Address **P.O. BOX 10134**

City **BAKERSFIELD** State **CA** Zip Code **93389-0134**

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.556

Amount of Each Receipt this Period
5000.00
 CONTRIBUTION

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

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

8000.00

**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 66 OF 120
	<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)
Plummer for Congress

A. MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND

Full Name (Last, First, Middle Initial)
MAJORITY INITIATIVE TO KEEP ELECTING REPUBLICANS FUND

Mailing Address P.O. BOX 2485

City Springfield State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00370791

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.528

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. MARLIN PAC

Full Name (Last, First, Middle Initial)
MARLIN PAC

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

FEC ID number of contributing federal political committee. **C** C00492868

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.549

Amount of Each Receipt this Period
 0.00

CONTRIBUTION

C. NEW PAC

Full Name (Last, First, Middle Initial)
NEW PAC

Mailing Address P.O. BOX 7480

City VISALIA State CA Zip Code 93290-7480

FEC ID number of contributing federal political committee. **C** C00398750

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.548

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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 67 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.547

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OLSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 16381

City State Zip Code
SUGAR LAND TX 77496-6381

FEC ID number of contributing federal political committee. **C** C00437913

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.535

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 701 8TH STREET, NW
SUITE 500

City State Zip Code
WASHINGTON DC 20001-3965

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11.534

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 68 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM P
 Mailing Address **610 S. BOULEVARD**
 City State Zip Code
TAMPA FL 33606-2693
 FEC ID number of contributing federal political committee. **C C00451294**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 29 2012
Transaction ID : SA11.1428
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM P
 Mailing Address **610 S. BOULEVARD**
 City State Zip Code
TAMPA FL 33606-2693
 FEC ID number of contributing federal political committee. **C C00451294**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 29 2012
Transaction ID : SA11.1429
 Amount of Each Receipt this Period
4000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROCK-TENN COMPANY POLITICAL ACTION COMMITTEE
 Mailing Address **504 THRASHER STREET**
 City State Zip Code
NORCROSS GA 30071-1967
 FEC ID number of contributing federal political committee. **C C00363556**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 09 2012
Transaction ID : SA11.1307
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

6000.00
6000.00

**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 69 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
TACO POLITICAL ACTION COMMITTEE

Mailing Address 6405 METCALF AVE, STE 503

City State Zip Code
SHAWNEE MISSION KS 66202-4084

FEC ID number of contributing federal political committee. **C C00330118**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1430

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TEXAS FREEDOM FUND

Mailing Address 104 HUME AVE

City State Zip Code
ALEXANDRIA VA 22301-1015

FEC ID number of contributing federal political committee. **C C00340661**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1433

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 NE ADAMS STREET

City State Zip Code
PEORIA IL 61629-0001

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1434

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 70 OF 120
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address P.O. BOX 65314

City State Zip Code
WASHINGTON DC 20035-5314

FEC ID number of contributing federal political committee. **C C00328468**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.554

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 2485

City State Zip Code
SPRINGFIELD VA 22152-0485

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2012

Transaction ID : SA11.542

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE ROHO GROUP PAC (ROHO PAC)

Mailing Address 100 N FLORIDA AVE

City State Zip Code
BELLEVILLE IL 62221-5429

FEC ID number of contributing federal political committee. **C C00448530**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1427

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

5000.00

**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 71 OF 120
	<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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PKWY
STE 150

City ATLANTA State GA Zip Code 30339-3321

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1432

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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).....

1000.00

119250.00

**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 72 OF 120
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. YOUNG GUNS 2012 ROUND 1

Full Name (Last, First, Middle Initial)
YOUNG GUNS 2012 ROUND 1

Mailing Address **228 S WASHINGTON STREET**
STE 115

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00521294**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4620.63

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA12.1439

Amount of Each Receipt this Period
4620.63

CONTRIBUTION

JFC Distribution-SEE MEMOS

B. JEFF DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
JEFF DUNCAN FOR CONGRESS

Mailing Address **PO BOX 845**

City **LAURENS** State **SC** Zip Code **29360-0845**

FEC ID number of contributing federal political committee. **C C00460550**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
454.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA12.1445

Amount of Each Receipt this Period
454.00

CONTRIBUTION

[MEMO ITEM]

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address **320 FIRST STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003-1838**

FEC ID number of contributing federal political committee. **C C00075820**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA12.1444

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

[MEMO ITEM]

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

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

4620.63

4620.63

**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 73 OF 120
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
JASON PLUMMER

Mailing Address **PO BOX 1272**

City **OFALLON** State **IL** Zip Code **62269**

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

Name of Employer **RP LUMBER CO** Occupation **VICE PRESIDENT**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
60000.00

Date of Receipt
06 / 30 / 2012

Transaction ID : SA13a.0630121

Amount of Each Receipt this Period
50000.00
 FROM PERSONAL FUNDS

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

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

Amount of Each Receipt this Period

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

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

50000.00

50000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MICHAEL BOWLER			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012	
Mailing Address 1147 RIVERMEADE			Amount of Each Disbursement this Period 6000.00	
City HEBRON	State KY	Zip Code 41048	Transaction ID : SB.66	
Purpose of Disbursement STRATEGIC CONSULTING		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. MICHAEL BOWLER			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012	
Mailing Address 1147 RIVERMEADE			Amount of Each Disbursement this Period 498.50	
City HEBRON	State KY	Zip Code 41048	Transaction ID : SB.67	
Purpose of Disbursement TRAVEL		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. PHILIP LASSEIGNE			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012	
Mailing Address 32 WINDERMERE DR.			Amount of Each Disbursement this Period 1828.01	
City GLEN CARBON	State IL	Zip Code 62034	Transaction ID : SB.80	
Purpose of Disbursement TRAVEL		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).....	8326.51
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 75 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. PHILIP LASSEIGNE		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 32 WINDERMERE DR.		Amount of Each Disbursement this Period 2812.50
City GLEN CARBON	State IL	
Zip Code 62034	Purpose of Disbursement STRATEGIC CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. PHILIP LASSEIGNE		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 32 WINDERMERE DR.		Amount of Each Disbursement this Period 3750.00
City GLEN CARBON	State IL	
Zip Code 62034	Purpose of Disbursement STRATEGIC CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) C. PHILIP LASSEIGNE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 32 WINDERMERE DR.		Amount of Each Disbursement this Period 7500.00
City GLEN CARBON	State IL	
Zip Code 62034	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	14062.50
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 76 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. DONNA PLUMMER		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 1125.00
City OFALLON	State IL Zip Code 62269	
Purpose of Disbursement EVENT CATERING	Category/Type	Transaction ID : SB.33
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. MEGAN SHAW		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 2105 NORTH SCOTT, UNIT 81		Amount of Each Disbursement this Period 340.00
City ARLINGTON	State VA Zip Code 22209	
Purpose of Disbursement EVENT CATERING	Category/Type	Transaction ID : SB.64
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. JULIE A. STEWART		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 2103 MISSOURI AVE.		Amount of Each Disbursement this Period 1500.00
City GRANITE CITY	State IL Zip Code 62040	
Purpose of Disbursement STRATEGIC CONSULTING	Category/Type	Transaction ID : SB.59
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).....	2965.00
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 77 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ANNA VETTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2940.00 Transaction ID : SB.5
City OFALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	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. 20'S HIDEOUT REST, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 2606 W. MAIN ST.		Amount of Each Disbursement this Period 48.11 Transaction ID : SB.1
City MARION	State IL	
Zip Code 62959	Purpose of Disbursement TRAVEL	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. 55 EAST MONROE		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 55 E. MONROE ST.		Amount of Each Disbursement this Period 32.00 Transaction ID : SB.2
City CHICAGO	State IL	
Zip Code 60603	Purpose of Disbursement PARKING	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).....	3020.11
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 78 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. 55 EAST MONROE			Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address 55 E. MONROE ST.			Amount of Each Disbursement this Period 32.00
City CHICAGO	State IL	Zip Code 60603	
Purpose of Disbursement PARKING		Category/ Type	Transaction ID : SB.3
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. ALFONZO'S PIZZERIA			Date of Disbursement MM / DD / YYYY 05 / 17 / 2012
Mailing Address 2 SCHIBER CT.			Amount of Each Disbursement this Period 116.31
City MARYVILLE	State IL	Zip Code 62062	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : SB.4
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. APOLLO MART			Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address 501 MCKINLEY AVE.			Amount of Each Disbursement this Period 44.11
City BARTONVILLE	State IL	Zip Code 61607	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB.6
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).....	192.42
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 79 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. BELLEFONTAINE		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 709 S. CHURCH ST.		Amount of Each Disbursement this Period 61.99
City WATERLOO State IL Zip Code 62298	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB.7
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. BEST BUY-FAIRVIEW HEIGHTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 26 PLAZA DR.		Amount of Each Disbursement this Period 568.78
City FAIRVIEW HEIGHTS State IL Zip Code 62208	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB.8
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. BUFFALO WILD WINGS GRILL		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 461 S. RANDALL RD.		Amount of Each Disbursement this Period 48.82
City ALGONQUIN State IL Zip Code 60102	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB.9
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).....	679.59
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 80 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL SKYLINE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 10 I ST., SW		Amount of Each Disbursement this Period 227.86 Transaction ID : SB.10
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement TRAVEL	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. CAPITOL SKYLINE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 10 I ST., SW		Amount of Each Disbursement this Period 227.86 Transaction ID : SB.11
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement TRAVEL	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. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 91.00 Transaction ID : SB.12
City CARMI	State IL	
Zip Code 62821	Purpose of Disbursement MEETING EXPENSE	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).....	546.72
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 81 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 89.91
City CARMIL	State IL Zip Code 62821	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 86.75
City CARMIL	State IL Zip Code 62821	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 48.00
City CARMIL	State IL Zip Code 62821	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	224.66
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 82 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 238.15 Transaction ID : SB.16
City CARMIL	State IL Zip Code 62821	
Purpose of Disbursement TRAVEL	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. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 84.59 Transaction ID : SB.17
City CARMIL	State IL Zip Code 62821	
Purpose of Disbursement TRAVEL	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. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 81.55 Transaction ID : SB.18
City CARMIL	State IL Zip Code 62821	
Purpose of Disbursement TRAVEL	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).....	238.15
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 83 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. CASEY'S		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 75.47
City CARM	State IL	
Zip Code 62821	Purpose of Disbursement TRAVEL	Transaction ID : SB.19
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CASTELLIS MOONLIGHT AT ALTON		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address 3400 FOSTERBURG RD.		Amount of Each Disbursement this Period 352.15
City ALTON	State IL	
Zip Code 62002	Purpose of Disbursement TRAVEL	Transaction ID : SB.20
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHARLIE GITTOS		Date of Disbursement MM / DD / YYYY 04 / 05 / 2012
Mailing Address 5226 SHAW AVE.		Amount of Each Disbursement this Period 70.01
City ST. LOUIS	State MO	
Zip Code 63110	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB.21
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	497.63
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 84 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. CIRCLE K		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 1500 COLUMBUS ST.		Amount of Each Disbursement this Period 70.01
City OTTAWA	State IL	
Zip Code 61350	Purpose of Disbursement TRAVEL	Transaction ID : SB.22
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CITIZENS FOR THERESA KORMOS 2012		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 1204 SHADO RIDGE CROSSING		Amount of Each Disbursement this Period 250.00
City OFALLON	State IL	
Zip Code 62269	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.23
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 400.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB.24
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	720.01
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 85 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. COLUMBIA GYMNASTIC ASSOCIATION			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO BOX 13			Amount of Each Disbursement this Period 1118.25
City COLUMBIA	State IL	Zip Code 62236	
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : SB.25
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. CVS			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 2211 SANDERS RD.			Amount of Each Disbursement this Period 31.99
City NORTHBROOK	State IL	Zip Code 60062	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB.26
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. DECKER CONSULTING SERVICES			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 244 14TH PLACE, NE STE. 2			Amount of Each Disbursement this Period 2429.63
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL		Category/ Type	Transaction ID : SB.27
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).....	3579.87
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 86 OF 120		
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. DECKER CONSULTING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 244 14TH PLACE, NE STE. 2		Amount of Each Disbursement this Period 6712.50
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement FUNDRAISING CONSULTING/TRAVEL	Transaction ID : SB.28
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELL MARKETING LP		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address PO BOX 802816		Amount of Each Disbursement this Period 547.22
City CHICAGO	State IL	
Zip Code 60680	Purpose of Disbursement EQUIPMENT PURCHASE	Transaction ID : SB.29
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DOMINO'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 205 W. DEYOUNG ST.		Amount of Each Disbursement this Period 28.07
City MARION	State IL	
Zip Code 62959	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB.30
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7287.79
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 87 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. DOMINO'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 205 W. DEYOUNG ST.		Amount of Each Disbursement this Period 62.95 Transaction ID : SB.31
City MARION	State IL	
Zip Code 62959	Purpose of Disbursement MEETING EXPENSE	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. DOMINO'S		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 205 W. DEYOUNG ST.		Amount of Each Disbursement this Period 47.83 Transaction ID : SB.32
City MARION	State IL	
Zip Code 62959	Purpose of Disbursement MEETING EXPENSE	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. EXTENDED STAY		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 162 E. OHIO ST.		Amount of Each Disbursement this Period 321.85 Transaction ID : SB.34
City CHICAGO	State IL	
Zip Code 60011	Purpose of Disbursement TRAVEL	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).....	432.63
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 88 OF 120			
	<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)
Plummer for Congress

A. EXTENDED STAY

Full Name (Last, First, Middle Initial)
Mailing Address 162 E. OHIO ST.

City CHICAGO State IL Zip Code 60011

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2012

Amount of Each Disbursement this Period: 99.88

Transaction ID : SB.35

B. EXXONMOBIL

Full Name (Last, First, Middle Initial)
Mailing Address RT 4

City HUNTLEY State IL Zip Code 60142

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 10 / 2012

Amount of Each Disbursement this Period: 83.82

Transaction ID : SB.36

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3610 HACKS CROSS RD.

City MEMPHIS State TN Zip Code 38125

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 08 / 2012

Amount of Each Disbursement this Period: 33.09

Transaction ID : SB.37

SUBTOTAL of Disbursements This Page (optional) 216.79

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 89 OF 120		
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period 14.43
City MEMPHIS	State TN	
Zip Code 38125	Purpose of Disbursement POSTAGE	Transaction ID : SB.38
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period 25.48
City MEMPHIS	State TN	
Zip Code 38125	Purpose of Disbursement POSTAGE	Transaction ID : SB.39
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period 181.10
City MEMPHIS	State TN	
Zip Code 38125	Purpose of Disbursement POSTAGE	Transaction ID : SB.40
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	221.10
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 90 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period 23.54
City MEMPHIS State TN Zip Code 38125	Category/Type	
Purpose of Disbursement POSTAGE	Candidate Name	Transaction ID : SB.41
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. FOUR POINTS FAIRVIEW		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 319 FOUNTAIN PKWY		Amount of Each Disbursement this Period 1000.00
City FAIRVIEW HEIGHTS State IL Zip Code 62208	Category/Type	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.42
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. FOUR POINTS FAIRVIEW		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 319 FOUNTAIN PKWY		Amount of Each Disbursement this Period 335.59
City FAIRVIEW HEIGHTS State IL Zip Code 62208	Category/Type	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.43
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).....	1359.13
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 91 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. GAS MART		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address 10070 BUNKUN RD.		Amount of Each Disbursement this Period 84.68
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement TRAVEL	Transaction ID : SB.44
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GATEWAY MEDIA		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150		Amount of Each Disbursement this Period 1739.56
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement MEDIA BUY	Transaction ID : SB.45
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GEORGE DAGLAS		Date of Disbursement MM / DD / YYYY 05 / 17 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2350.00
City OFALLON	State IL	
Zip Code 62269	Purpose of Disbursement STRATEGIC CONSULTING	Transaction ID : SB.46
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4174.24
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 92 OF 120		
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. GEORGE DAGLAS		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 4700.00 Transaction ID : SB.47
City OFALLON	State IL	
Zip Code 62269	Purpose of Disbursement STRATEGIC CONSULTING	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. GRASSHOPPER.COM		Date of Disbursement MM / DD / YYYY 04 / 25 / 2012
Mailing Address 197 1ST AVE., #200		Amount of Each Disbursement this Period 16.60 Transaction ID : SB.48
City NEEDHAM	State MA	
Zip Code 02494	Purpose of Disbursement WEB SERVICES	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. GRASSHOPPER.COM		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 197 1ST AVE., #200		Amount of Each Disbursement this Period 20.15 Transaction ID : SB.49
City NEEDHAM	State MA	
Zip Code 02494	Purpose of Disbursement WEB SERVICES	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).....	4736.75
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 93 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. GRASSHOPPER.COM			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012		
Mailing Address 197 1ST AVE., #200			Amount of Each Disbursement this Period 20.25		
City NEEDHAM	State MA	Zip Code 02494	Transaction ID : SB.50		
Purpose of Disbursement WEB SERVICES		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. HILTON GARDEN INN-OFALLON IL			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012		
Mailing Address 360 REGENCY PARK			Amount of Each Disbursement this Period 2000.00		
City OFALLON	State IL	Zip Code 62269	Transaction ID : SB.51		
Purpose of Disbursement EVENT CATERING		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. HILTON GARDEN INN-OFALLON IL			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012		
Mailing Address 360 REGENCY PARK			Amount of Each Disbursement this Period 2000.00		
City OFALLON	State IL	Zip Code 62269	Transaction ID : SB.52		
Purpose of Disbursement EVENT SITE RENTAL		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).....	4020.25
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 94 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN-OFALLON IL		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 360 REGENCY PARK		Amount of Each Disbursement this Period 1470.27
City OFALLON State IL Zip Code 62269	Purpose of Disbursement EVENT CATERING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB.53
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN-EVANSVILLE		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 7101 HWY 41 N		Amount of Each Disbursement this Period 338.88
City EVANSVILLE State IN Zip Code 47725	Purpose of Disbursement TRAVEL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB.54
State: District:		

Full Name (Last, First, Middle Initial) C. ICONCONTACT		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 313.88
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement SOFTWARE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB.55
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2123.03
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 95 OF 120		
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ICONTACT		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 465.37
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB.56
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. INDIANA CC/RCA		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2012
Mailing Address 102 S. SPRING ST.		Amount of Each Disbursement this Period 241.15
City SPRINGFIELD State IL Zip Code 62704	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB.57
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. JOE K'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 2530 STATE ST.		Amount of Each Disbursement this Period 16.37
City ALTON State IL Zip Code 62002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.58
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).....	722.89
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 96 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. KNAPP MART CITGO			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 1117 EAST 5THST.			Amount of Each Disbursement this Period 72.26
City METROPOLIS	State IL	Zip Code 62960	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB.60
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. LEE PRESSER			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO BOX 89			Amount of Each Disbursement this Period 13.25
City MARYVILLE	State IL	Zip Code 62062	
Purpose of Disbursement MEDIA PRODUCTION		Category/ Type	Transaction ID : SB.61
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. MAGMA CREATIVE			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 700 VERNON ST.			Amount of Each Disbursement this Period 8304.50
City ROSEVILLE	State CA	Zip Code 95678	
Purpose of Disbursement MEDIA BUY		Category/ Type	Transaction ID : SB.62
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)	8390.01
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 97 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 10400 FERNWOOD RD.		Amount of Each Disbursement this Period 28.00
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement TRAVEL	Transaction ID : SB.63
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MI FAMILIA INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 6322 W. GRAND AVE.		Amount of Each Disbursement this Period 297.62
City CHICAGO	State IL	
Zip Code 60639	Purpose of Disbursement MEETING EXPENSE	Transaction ID : SB.65
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MODERN MAILING & PRINTING SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 150 FORREST AVE.		Amount of Each Disbursement this Period 2091.30
City SPRINGFIELD	State IL	
Zip Code 62702	Purpose of Disbursement PRINTING	Transaction ID : SB.68
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2416.92
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 98 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MOTOMART		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1920 CARLYLE AVE.		Amount of Each Disbursement this Period 75.02
City BELLEVIEW	State IL	
Zip Code 62221	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.69
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MOTOMART		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1920 CARLYLE AVE.		Amount of Each Disbursement this Period 85.87
City BELLEVIEW	State IL	
Zip Code 62221	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MOTOMART		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 1920 CARLYLE AVE.		Amount of Each Disbursement this Period 56.67
City BELLEVIEW	State IL	
Zip Code 62221	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.71
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	217.56
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 99 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MURPHYSBORO AMERICAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address PO BOX 550		Amount of Each Disbursement this Period 201.50
City MURPHYSBORO	State IL	
Zip Code 62966	Purpose of Disbursement ADVERTISING	Transaction ID : SB.72
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NEWSLIBRARY.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 2.95
City PORTSMOUTH	State NH	
Zip Code 03801	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.73
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE MAX-FAIRVIEW HEIGHTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 6525 N. ILLINOIS ST.		Amount of Each Disbursement this Period 44.19
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.74
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	248.64
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 100 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ONE STOP		Date of Disbursement
Mailing Address 1106 MILTON RD.		M M / D D / Y Y Y Y 05 / 01 / 2012
City ALTON	State IL	Zip Code 62002
Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 49.28	
Candidate Name	Transaction ID : SB.75	
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. ONE STOP		Date of Disbursement
Mailing Address 1106 MILTON RD.		M M / D D / Y Y Y Y 05 / 02 / 2012
City ALTON	State IL	Zip Code 62002
Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 75.00	
Candidate Name	Transaction ID : SB.76	
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. ONE STOP		Date of Disbursement
Mailing Address 1106 MILTON RD.		M M / D D / Y Y Y Y 05 / 11 / 2012
City ALTON	State IL	Zip Code 62002
Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period 86.14	
Candidate Name	Transaction ID : SB.77	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	210.42
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 101 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ONE STOP		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 1106 MILTON RD.		Amount of Each Disbursement this Period 85.81
City ALTON State IL Zip Code 62002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.78
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. ONE STOP		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 1106 MILTON RD.		Amount of Each Disbursement this Period 88.01
City ALTON State IL Zip Code 62002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.79
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. PILOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 699 STATE RTE 203		Amount of Each Disbursement this Period 70.59
City E. ST. LOUIS State IL Zip Code 62201	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.84
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).....	244.41
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 102 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. PINCKNEYVILLE PRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012	
Mailing Address 111 S. WALNUT ST.			Amount of Each Disbursement this Period 228.00	
City PINCKNEYVILLE	State IL	Zip Code 62274	Transaction ID : SB.85	
Purpose of Disbursement ADVERTISING		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. PIRYX-VENDOR			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012	
Mailing Address 144 2ND ST., 1ST FL.			Amount of Each Disbursement this Period 313.91	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB.86	
Purpose of Disbursement ONLINE PROCESSING		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. PREMIERE DIGITAL PRINTING			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012	
Mailing Address 2549 VANDALIA ST.			Amount of Each Disbursement this Period 367.12	
City COLLINSVILLE	State IL	Zip Code 62234	Transaction ID : SB.87	
Purpose of Disbursement PRINTING		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).....	909.03
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 103 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 800 CONNECTICUT AVE.		Amount of Each Disbursement this Period 198.84
City NORWALK State CT Zip Code 06854	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.88
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. PRICELINE.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 800 CONNECTICUT AVE.		Amount of Each Disbursement this Period 72.89
City NORWALK State CT Zip Code 06854	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.89
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. REPUBLIC-TIMES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address PO BOX 147		Amount of Each Disbursement this Period 298.20
City WATERLOO State IL Zip Code 62298	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB.90
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).....	569.93
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 104 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. REPUBLIC-TIMES LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address PO BOX 147		Amount of Each Disbursement this Period 74.40
City WATERLOO	State IL	
Zip Code 62298	Purpose of Disbursement ADVERTISING	Transaction ID : SB.91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. REVOLVIS CONSULTING INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 7185 NAVAJO RD., STE. P		Amount of Each Disbursement this Period 23832.96
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement FUNDRAISING CONSULTING/DIRECT MAIL PRODU	Transaction ID : SB.92
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. REVOLVIS CONSULTING INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 7185 NAVAJO RD., STE. P		Amount of Each Disbursement this Period 2612.50
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement DIRECT MAIL PRODUCTION	Transaction ID : SB.93
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26519.86
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 105 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. REVOLVIS CONSULTING INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 7185 NAVAJO RD., STE. P		Amount of Each Disbursement this Period 24469.19 Transaction ID : SB.94
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement DIRECT MAIL PRODUCTION	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. REVOLVIS CONSULTING INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 7185 NAVAJO RD., STE. P		Amount of Each Disbursement this Period 622.40 Transaction ID : SB.95
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement TRAVEL	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. RIVERBENDER.COM		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 3689 E. BROADWAY		Amount of Each Disbursement this Period 100.00 Transaction ID : SB.96
City ALTON	State IL	
Zip Code 62002	Purpose of Disbursement WEB SERVICES	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).....	25191.59
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 106 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. RP LUMBER CO INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 514 E. VANDALIA ST.		Amount of Each Disbursement this Period 13.24
City EDWARDSVILLE	State IL	
Zip Code 62025	Purpose of Disbursement SIGNAGE	Transaction ID : SB.97
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RP LUMBER CO INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 514 E. VANDALIA ST.		Amount of Each Disbursement this Period 23.99
City EDWARDSVILLE	State IL	
Zip Code 62025	Purpose of Disbursement SIGNAGE	Transaction ID : SB.98
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 2450 MAIN ST.		Amount of Each Disbursement this Period 84.20
City EVANSTON	State IL	
Zip Code 60202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.100
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	121.43
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 107 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012
Mailing Address 2450 MAIN ST.		Amount of Each Disbursement this Period 82.39
City EVANSTON	State IL	
Zip Code 60202	Purpose of Disbursement TRAVEL	Transaction ID : SB.101
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 2450 MAIN ST.		Amount of Each Disbursement this Period 95.27
City EVANSTON	State IL	
Zip Code 60202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.99
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SCOTT SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 87.45
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.102
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	265.11
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 108 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 85.18
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.103
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 12.62
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.104
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 50.00
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.105
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	147.80
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 109 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 37.10
City BLOOMINGTON	State IL Zip Code 61701	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 70.69
City BLOOMINGTON	State IL Zip Code 61701	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHOPLET.COM		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 90 BROAD ST.		Amount of Each Disbursement this Period 379.59
City NEW YORK	State NY Zip Code 10006	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Transaction ID : SB.108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	487.38
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 110 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address PO BOX 36611		Amount of Each Disbursement this Period 843.60 Transaction ID : SB.109
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	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. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address PO BOX 36611		Amount of Each Disbursement this Period 150.80 Transaction ID : SB.110
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL	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. THE GIANT CITY		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 460 GIANT CITY RD.		Amount of Each Disbursement this Period 537.00 Transaction ID : SB.111
City MAKANDA	State IL	
Zip Code 62958	Purpose of Disbursement LODGING	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).....	843.60
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 111 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. U GAS		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 1000 N. ROUTE		Amount of Each Disbursement this Period 65.51
City WATERLOO State IL Zip Code 62298	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.112
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. UBS CAFE		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address THE LOOP		Amount of Each Disbursement this Period 226.71
City CHICAGO State IL Zip Code 60223	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB.113
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 60.00
City ALTON State IL Zip Code 62002	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB.114
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).....	352.22
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 112 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. USPS		M M / D D / Y Y Y Y 05 / 04 / 2012	
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period	
City ALTON	State IL	Zip Code 62002	7.70
Purpose of Disbursement POSTAGE		Transaction ID : SB.115	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/>	Disbursement For:	
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. USPS		M M / D D / Y Y Y Y 05 / 23 / 2012	
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period	
City ALTON	State IL	Zip Code 62002	9.00
Purpose of Disbursement POSTAGE		Transaction ID : SB.116	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/>	Disbursement For:	
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. USPS		M M / D D / Y Y Y Y 06 / 13 / 2012	
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period	
City ALTON	State IL	Zip Code 62002	225.00
Purpose of Disbursement POSTAGE		Transaction ID : SB.117	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/>	Disbursement For:	
	Senate <input type="checkbox"/>	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	President <input type="checkbox"/>	<input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	241.70
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 113 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. VALVOLINE INSTANT OIL			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 6001 N. ILLINOIS ST.			Amount of Each Disbursement this Period 75.77
City FAIRFIEW HEIGHTS	State IL	Zip Code 62208	
Purpose of Disbursement TRAVEL	Candidate Name		Transaction ID : SB.118
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:	Category/Type		

Full Name (Last, First, Middle Initial) B. VALVOLINE INSTANT OIL			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 6001 N. ILLINOIS ST.			Amount of Each Disbursement this Period 77.00
City FAIRFIEW HEIGHTS	State IL	Zip Code 62208	
Purpose of Disbursement TRAVEL	Candidate Name		Transaction ID : SB.119
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:	Category/Type		

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 140 WEST ST.			Amount of Each Disbursement this Period 109.09
City NEW YORK	State NY	Zip Code 10007	
Purpose of Disbursement CELL PHONE	Candidate Name		Transaction ID : SB.120
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:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	261.86
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 114 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 73 PASADENA		Amount of Each Disbursement this Period 65.06
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.121
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 73 PASADENA		Amount of Each Disbursement this Period 89.26
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.122
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 73 PASADENA		Amount of Each Disbursement this Period 70.50
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.123
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	224.82
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 115 OF 120			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. WASHINGTON FLYER		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 3104 OMEGA OFFICE PARK		Amount of Each Disbursement this Period 71.00
City FAIRFAX	State VA	
Zip Code 22031	Purpose of Disbursement TRAVEL	Transaction ID : SB.124
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. XPRESS PROFESSIONAL SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 1211 W. 22ND ST., STE. 620		Amount of Each Disbursement this Period 2400.00
City OAK BROOK	State IL	
Zip Code 60523	Purpose of Disbursement DIRECT MAIL PRODUCTION	Transaction ID : SB.125
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. YELLOW CAB OF DC		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 1626 BLADENSBURG RD.		Amount of Each Disbursement this Period 24.85
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement TRAVEL	Transaction ID : SB.126
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2495.85
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 116 OF 120	
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. YELLOW CAB OF DC		Date of Disbursement MM / DD / YYYY 06 / 25 / 2012
Mailing Address 1626 BLADENSBURG RD.		Amount of Each Disbursement this Period 90.68
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	Transaction ID : SB.127
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	90.68
TOTAL This Period (last page this line number only).....	130798.50

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Plummer for Congress

Transaction ID : **SC10.1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Jason Plummer

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 1272

City State ZIP Code
O'Fallon IL 62269

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: M 11 / D 04 / Y 2011
 Date Due: M / D / Y On Demand
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

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

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Plummer for Congress

Transaction ID : **SC10.2**

LOAN SOURCE Full Name (Last, First, Middle Initial)
JASON PLUMMER

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1272

City State ZIP Code
OFALLON IL 62269

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred: M 06 / D 30 / Y 2012
Date Due: M M / D D / ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	60000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JASON PLUMMER		Nature of Debt (Purpose): TRAVEL/POSTAGE/POLLING
Mailing Address PO BOX 1272		
City	State	Zip Code
OFALLON	IL	62269

Outstanding Balance Beginning This Period	Transaction ID : SD10.4	
<input type="text" value="33916.49"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="33916.49"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE RAMSEY		Nature of Debt (Purpose): TRAVEL
Mailing Address 302 N WORRELL		
City	State	Zip Code
BOWEN	IL	62316

Outstanding Balance Beginning This Period	Transaction ID : SD10.5	
<input type="text" value="261.80"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="261.80"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor REVOLVIS CONSULTING INC		Nature of Debt (Purpose): DIRECT MAIL/STRATEGIC CONSULTING/RESEARC
Mailing Address 7185 NAVAJO RD. SUITE P		
City	State	Zip Code
SAN DIEGO	CA	92119

Outstanding Balance Beginning This Period	Transaction ID : SD10.6	
<input type="text" value="77634.02"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="14030.64"/>	<input type="text" value="51537.05"/>	<input type="text" value="40127.61"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="74305.90"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ADVANTAGE INC.	Nature of Debt (Purpose): POLLING
Mailing Address 2300 CLARENDON BLVD., STE. 1004	
City State Zip Code ARLINGTON VA 22201	

Outstanding Balance Beginning This Period 12400.00	Transaction ID : SD10.1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLUMBIA GYMNASTIC ASSOCIATION	Nature of Debt (Purpose): EVENT SITE RENTAL
Mailing Address 211 E CHERRY ST	
City State Zip Code COLUMBIA IL 62236	

Outstanding Balance Beginning This Period 1118.25	Transaction ID : SD10.2	
Amount Incurred This Period 0.00	Payment This Period 1118.25	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MODERN MAILING & PRINTING	Nature of Debt (Purpose): DIRECT MAIL
Mailing Address 150 FORREST AVEL	
City State Zip Code SPRINGFIELD IL 62702	

Outstanding Balance Beginning This Period 2091.31	Transaction ID : SD10.3	
Amount Incurred This Period 0.00	Payment This Period 2091.30	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	12400.00
2) TOTALS This Period (last page this line number only)	86705.90
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	60000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	146705.90