

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

Walorski for Congress

ADDRESS (number and street)

PO Box 954

Check if different than previously reported. (ACC)

Mishawaka

IN

46546-0954

2. FEC IDENTIFICATION NUMBER ▼

C C00468579

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on

M M / D D / Y Y Y Y

in the State of

IN

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

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

Election on

M M / D D / Y Y Y Y
11 / 04 / 2014

in the State of

IN

5. Covering Period

M M / D D / Y Y Y Y
10 / 16 / 2014

through

M M / D D / Y Y Y Y
11 / 24 / 2014

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 Chris Marston

Signature of Treasurer Chris Marston

[Electronically Filed]

Date

M M / D D / Y Y Y Y
12 / 16 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Walorski 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))....	142225.03	2035648.39
(b) Total Contribution Refunds (from Line 20(d))	2650.00	5525.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	139575.03	2030123.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	197306.67	1758692.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	10000.00	11525.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	187306.67	1747166.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	328611.35	
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).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Walorski for Congress

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="89257.57"/>	<input type="text" value="991012.06"/>	<input type="text" value="2000.00"/>
(ii) Unitemized		
<input type="text" value="9967.46"/>	<input type="text" value="141792.08"/>	<input type="text" value="110.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="99225.03"/>	<input type="text" value="1132804.14"/>	<input type="text" value="2110.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="50.00"/>	<input type="text" value=""/>
(c) Other Political Committees		
<input type="text" value="43000.00"/>	<input type="text" value="902794.25"/>	<input type="text" value="2000.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 86

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
142225.03	2035648.39	4110.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	44549.06	
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	
(b) All Other Loans		
0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
10000.00	11525.99	
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
152225.03	2091723.44	4110.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 86

Write or Type Committee Name

Walorski for Congress

 Report Covering the Period: From: / / To: / /
II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="197306.67"/>	<input type="text" value="1758692.06"/>	<input type="text" value="42078.92"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="150.00"/>	<input type="text" value="2275.00"/>	<input type="text"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 86

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

2500.00	3250.00	
---------	---------	--

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

2650.00	5525.00	0.00
---------	---------	------

21. OTHER DISBURSEMENTS

30000.00	77695.39	
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

229956.67	1841912.45	42078.92
-----------	------------	----------

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

139575.03	2030123.39	4110.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

187306.67	1747166.07	
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	406342.99
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	152225.03
25. SUBTOTAL (add Line 23 and Line 24).....	558568.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	229956.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	328611.35

**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 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
ELISE KENDERIAN ARONSON

Mailing Address 611 BEVERLY DR.
SUITE 570

City ALEXANDRIA State VA Zip Code 22305-1302

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

Name of Employer MACANDREWS & FORBES HOLDINGS INC. Occupation VICE PRESIDENT, GOVERNMENT AFFAIRS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11.21968

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. BERNARD ASDELL

Mailing Address 707 N MICHIGAN ST

City SOUTH BEND State IN Zip Code 46601-1067

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

Name of Employer SELF Occupation ORAL AND MAXILLOFACIAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11.22123

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHRISTINE B. BARRETT

Mailing Address 1229 RIDGEDALE ROAD

City SOUTH BEND State IN Zip Code 46614-2107

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11.22143

Amount of Each Receipt this Period
500.00
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 8 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID A. BEHRENS

Mailing Address 14274 SHORELINE DRIVE

City GRANGER State IN Zip Code 46530-4849

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

Name of Employer COMPLEXUS MEDICAL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22140

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 15782 KELLY RD

City MISHAWAKA State IN Zip Code 46544-9510

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

Name of Employer BESINGER FARM Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.22002

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY P. BOLDUAN

Mailing Address 1615 WINSTED DRIVE SUITE #4

City GOSHEN State IN Zip Code 46526-4673

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

Name of Employer SELF Occupation MEDICAL DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11.22076

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3100.00

**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 9 OF 86
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) PAUL BONIN		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1851 ACORN LANE		Transaction ID : SA11.22114	
City MISHAWAKA	State IN	Zip Code 46544-6710	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer BERTRAND PRODUCTS INC	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) MR. DERALD BONTRAGER		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 13615 COUNTY ROAD 12 P.O. BOX 810		Transaction ID : SA11.22206	
City MIDDLEBURY	State IN	Zip Code 46540-8705	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer JAYCO	Occupation PRESIDENT & CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

Full Name (Last, First, Middle Initial) MR. WILBUR L. BONTRAGER		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 13545 COUNTY ROAD 12		Transaction ID : SA11.22197	
City MIDDLEBURY	State IN	Zip Code 46540-8706	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer JAYCO, INC	Occupation CHAIRMAN OF THE BOARD		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 10 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
WALTER R. BOTICH JR.
 Mailing Address 3325 DEER LAKE DR.
 City SOUTH BEND State IN Zip Code 46614-2468
 FEC ID number of contributing federal political committee. C
 Name of Employer AM GENERAL, LLC Occupation VP GENERAL
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11.22217
 Amount of Each Receipt this Period
 750.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT L. BOWEN
 Mailing Address 8239 CLEARWATER POINTE
 City INDIANAPOLIS State IN Zip Code 46240-4916
 FEC ID number of contributing federal political committee. C
 Name of Employer BOWEN ENGINEERING CORP. Occupation OWNER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : SA11.22236
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALFRED BROWN
 Mailing Address 59347 PEPPERMINT DRIVE
 City ELKHART State IN Zip Code 46517-9507
 FEC ID number of contributing federal political committee. C
 Name of Employer ELKHART CHRISTIAN ACADEMY Occupation TEACHER
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11.21999
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

1850.00

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

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

FOR LINE NUMBER: PAGE 11 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
TODD BRUCE

Mailing Address 18100 ABINGTON CT.

City SOUTH BEND State IN Zip Code 46637-6058

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

Name of Employer LAKE CITY BANK Occupation BUSINESS BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22144

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD W. BUTLER

Mailing Address 6131 S. TAMERLANE DR.

City SOUTH BEND State IN Zip Code 46614-6374

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.22004

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JEAN BUYER

Mailing Address 7630 E. TIPPE CT.

City MONTICELLO State IN Zip Code 47960-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22156

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 86
	<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)
Walorski for Congress

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

Mailing Address 7960 N. PENNSYLVANIA STREET

City State Zip Code
INDIANAPOLIS IN 46240-2533

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

Name of Employer Occupation
AMERICAN SURETY COMPANY PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11.22132

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SCOTT CARRICO

Mailing Address 18882 PIERCE RD

City State Zip Code
LAKEVILLE IN 46536-9310

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

Name of Employer Occupation
RICHMOND MASTER DISTRIBUTORS OPERATIONS DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1530.63

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11.21670

Amount of Each Receipt this Period
305.22

CONTRIBUTION

FOOD

C. Full Name (Last, First, Middle Initial)
MR. SCOTT CARRICO

Mailing Address 18882 PIERCE RD

City State Zip Code
LAKEVILLE IN 46536-9310

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

Name of Employer Occupation
RICHMOND MASTER DISTRIBUTORS OPERATIONS DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1530.63

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.22232

Amount of Each Receipt this Period
139.29

CONTRIBUTION

FOOD

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

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

694.51

**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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DANIEL CHIEN

Mailing Address 12200 HUBBARD ROAD

City Livonia State MI Zip Code 48150-1737

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

Name of Employer AM GENERAL Occupation ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.22100

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 52740 ASH RD.

City Granger State IN Zip Code 46530-5035

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.22044

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 52032 IRON FORGE COURT

City Granger State IN Zip Code 46530-6414

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22145

Amount of Each Receipt this Period
 350.00
 CONTRIBUTION

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 14 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DANIEL J. DELLORTO

Mailing Address 8008 LOG CABIN CT

City State Zip Code
SPRINGFIELD VA 22153-3012

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

Name of Employer Occupation
AM GENERAL LLC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 27 2014

Transaction ID : SA11.22099

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES E. DORA SR.

Mailing Address 8140 TOWNSHIP LINE ROAD #21114

City State Zip Code
INDIANAPOLIS IN 46260-5827

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

Name of Employer Occupation
GENERAL HOTELS CORP. HOTEL OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 27 2014

Transaction ID : SA11.22110

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

Mailing Address 17 STATE ST. FL 2

City State Zip Code
NEW YORK NY 10004-1501

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

Name of Employer Occupation
TECUMSEH CAPITAL INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 21 2014

Transaction ID : SA11.22015

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

7600.00

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

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

FOR LINE NUMBER: PAGE 15 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MS. CYNTHIA A. DUNLOP

Mailing Address 51975 WINDING WATERS LANE

City State Zip Code
ELKHART IN 46514-5807

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
356.76

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.22041

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CYNTHIA A. DUNLOP

Mailing Address 51975 WINDING WATERS LANE

City State Zip Code
ELKHART IN 46514-5807

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
356.76

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22228

Amount of Each Receipt this Period
 106.76
 CONTRIBUTION
 FOOD

C. Full Name (Last, First, Middle Initial)
MS. MARY FARA

Mailing Address 56710 MEADOWOOD

City State Zip Code
ELKHART IN 46516-5850

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

Name of Employer Occupation
RICHMOND MASTER DISTRBUTING CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22138

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1356.76

**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 86
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. GREGG FORE		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 13364 WOODED KNOLL TRL		Transaction ID : SA11.22202
City MIDDLEBURY	State IN	Zip Code 46540-8673
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer DICOR CORPORATION	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. MR. GARY A. FOX		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 15975 ELMSFORD CT		Transaction ID : SA11.22043
City GRANGER	State IN	Zip Code 46530-8726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1325.00 CONTRIBUTION	
Name of Employer CROWE HORWATH LLP	Occupation ACCOUNTING	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2585.55	

Full Name (Last, First, Middle Initial) C. MR. GARY A. FOX		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 15975 ELMSFORD CT		Transaction ID : SA11.22079
City GRANGER	State IN	Zip Code 46530-8726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.55 CONTRIBUTION	
Name of Employer CROWE HORWATH LLP	Occupation ACCOUNTING	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2585.55	FOOD

SUBTOTAL of Receipts This Page (optional).....	2085.55
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 17 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DOUGLAS N. GAEDDERT

Mailing Address 25128 COUNTY ROAD 20

City State Zip Code
ELKHART IN 46517-3215

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

Name of Employer Occupation
FOREST RIVER, INC GENERAL MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.22201

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVE GERBER

Mailing Address 52284 GUMWOOD RD.

City State Zip Code
GRANGER IN 46530-9506

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

Name of Employer Occupation
ADVANCED OPHTHALMOLOGY OF MICHIAN, OPHTHALMOLOGY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.22107

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TAD N. GONGWER

Mailing Address 503 S. WASHINGTON ST

City State Zip Code
WAKARUSA IN 46573-9544

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

Name of Employer Occupation
NELSON'S CATERING & FUNDRAISING EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11.22227

Amount of Each Receipt this Period
300.00

CONTRIBUTION

FOOD

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 18 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. LOREN R. GRABER

Mailing Address 30338 COUNTY ROAD 56

City NAPPANEE State IN Zip Code 46550-9105

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

Name of Employer PERMALATT PRODUCTS Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11.22231

Amount of Each Receipt this Period
1400.00

CONTRIBUTION

ADVERTISING

B. Full Name (Last, First, Middle Initial)
MR. ZARRELL T. GRAY

Mailing Address 6924 W. 400 N.

City FAIRLAND State IN Zip Code 46126-9611

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

Name of Employer TEAYS RIVER INVESTMENTS Occupation COO/EVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11.22035

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 51905 COPPERFIELD CT

City GRANGER State IN Zip Code 46530-5074

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.22182

Amount of Each Receipt this Period
750.00

CONTRIBUTION

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

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

2400.00

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

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

FOR LINE NUMBER: PAGE 19 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD L. GRYPONPREZ

Mailing Address 5531 IMPALA POINT DR.

City State Zip Code
ATHENS TX 75752-5766

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 03 2014

Transaction ID : SA11.22213

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. VAN GURLEY

Mailing Address 62940 TURKEY TRL

City State Zip Code
SOUTH BEND IN 46614-9419

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : SA11.21995

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVEN K. HAINES

Mailing Address 2905 LAVANTURE PLACE

City State Zip Code
ELKHART IN 46514-8233

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

Name of Employer Occupation
AMERICAN TECHNOLOGY CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 04 2014

Transaction ID : SA11.22218

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

3350.00

**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 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 51311 GRANDOAKS COURT

City GRANGER State IN Zip Code 46530-8432

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

Name of Employer AM GENERAL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22148

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFERY P. HELMAN

Mailing Address 23895 N. SHORE DR.

City EDWARDSBURG State MI Zip Code 49112-8516

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.21989

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFERY P. HELMAN

Mailing Address 23895 N. SHORE DR.

City EDWARDSBURG State MI Zip Code 49112-8516

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.21990

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

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

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

2300.00

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

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

FOR LINE NUMBER: PAGE 21 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
SHARON L. HENDRICKSON

Mailing Address 915 S. 28TH STREET

City SOUTH BEND State IN Zip Code 46615-1801

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.22008

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREG S. HIATT

Mailing Address 50936 PARK RIDGE CT

City GRANGER State IN Zip Code 46530-4986

FEC ID number of contributing federal political committee. C

Name of Employer SPECTRON MRC, LLC Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22124

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL ISBAN

Mailing Address 2437 TOPSWOOD LANE

City SOUTH BEND State IN Zip Code 46614-2465

FEC ID number of contributing federal political committee. C

Name of Employer AMERICAN CONTAINERS, INC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22126

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

1600.00

**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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MS. FRANCES H. JENSEN

Mailing Address 1305 SUNNYMEDE AVE

City SOUTH BEND State IN Zip Code 46615-1017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.22104

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
YATISH J. JOSHI

Mailing Address 215 S HAWTHORNE DR

City SOUTH BEND State IN Zip Code 46617-3440

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

Name of Employer GTA CONTAINERS INC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11.22225

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WALTER G. JUSTUS

Mailing Address 1398 N. SHADELAND AVENUE

City INDIANAPOLIS State IN Zip Code 46219-3652

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

Name of Employer THE JUSTUS COMPANIES Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22204

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DAVID L. KENNEDY

Mailing Address 1190 DOGWOOD DRIVE

City Greensboro State GA Zip Code 30642-3935

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

Name of Employer MACANDREWS & FORBES INC. Occupation SENIOR EXEC VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11.21980

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEVIN KIEFER

Mailing Address 2742 STATE ROAD 331

City Bremen State IN Zip Code 46506-9050

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

Name of Employer GRAPHIX UNLIMITED Occupation CATCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.22036

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KEVIN KIEFER

Mailing Address 2742 STATE ROAD 331

City Bremen State IN Zip Code 46506-9050

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

Name of Employer GRAPHIX UNLIMITED Occupation CATCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22147

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

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

2650.00

**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 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 2742 STATE ROAD 331

City State Zip Code
BREMEN IN 46506-9050

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

Name of Employer Occupation
GRAPHIX UNLIMITED CATCHER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11.22184

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY L. KIME

Mailing Address 3820 BENT OAK TRL.

City State Zip Code
ELKHART IN 46517-3845

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

Name of Employer Occupation
THOR MOTOR COACH PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22200

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL S. KRIZMAN

Mailing Address 51129 SHAMROCK HILLS COURT

City State Zip Code
GRANGER IN 46530-7825

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11.22073

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1025.00

**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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT L. KROUSE

Mailing Address 13393 N STATE ROAD 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

Name of Employer MIDWEST POULTRY SERVICES Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.22090

Amount of Each Receipt this Period
 4200.00

CONTRIBUTION

REATTRIBUTION REQUESTED

B. Full Name (Last, First, Middle Initial)
MR. ANDRE B. LACY

Mailing Address 450 E. VERMONT ST.

City INDIANAPOLIS State IN Zip Code 46202-3680

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

Name of Employer LDI, LTD Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11.21964

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL R. LEEP

Mailing Address 5201 GRAPE RD

City MISHAWAKA State IN Zip Code 46545-1343

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

Name of Employer PRESIDENT Occupation GURLEY-LEEP AUTOMOTIVE GROUP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22199

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

6450.00

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

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

FOR LINE NUMBER: PAGE 26 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVID L. LERMAN

Mailing Address 3210 MIAMI ST

City SOUTH BEND State IN Zip Code 46614-2048

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

Name of Employer STEEL WAREHOUSE Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22136

Amount of Each Receipt this Period
 _____ 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JIM E. LOSHBOUGH

Mailing Address 714 OSOLO RD

City ELKHART State IN Zip Code 46514-4137

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

Name of Employer MCDOWELL ENTERPRISES INC Occupation VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.21991

Amount of Each Receipt this Period
 _____ 1600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DEAN A. LOUCKS

Mailing Address 104 RUSH CT

City ELKHART State IN Zip Code 46516-9644

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

Name of Employer TAOD Occupation ARTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11.22221

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION

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

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

_____ 4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. MERLYN J. LUCAS

Mailing Address 1238 SPRUCEBROOK DR

City State Zip Code
KALAMAZOO MI 49048-9235

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PFIZER VETERINARIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.21695

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT W. MARTIN

Mailing Address 15933 COUNTY ROAD 129

City State Zip Code
BRISTOL IN 46507-9570

FEC ID number of contributing federal political committee.

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22181

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANK D. MASSA

Mailing Address 51194 COUNTY ROAD 3

City State Zip Code
ELKHART IN 46514-8891

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MACH I PACKAGING, INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22216

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 28 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. FRANCIS J. MC DONALD

Mailing Address 1005 HICKORY ROAD

City SOUTH BEND State IN Zip Code 46615-3723

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

Name of Employer MCDONALD PHYSICAL THERAPY Occupation PHYSICAL THERAPIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : SA11.22086

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KATHLEEN A. METEIVER

Mailing Address 54215 FOREST GROVE

City ELKHART State IN Zip Code 46514-4847

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

Name of Employer CITY OF ELKHART Occupation DEPUTY CLERK

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22159

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 3763 7TH RD

City BREMEN State IN Zip Code 46506-9115

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

Name of Employer NEWMAR CORPORATION Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22196

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1350.00

**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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. STEPHEN A. MILLER

Mailing Address 58950 FRANKLIN CT.

City State Zip Code
GOSHEN IN 46528-9569

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22146

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. V RICHARD MILLER

Mailing Address 1866 BAYSHORE DR

City State Zip Code
ENGLEWOOD FL 34223-1530

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22016

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 50825 STURBRIDGE DRIVE

City State Zip Code
GRANGER IN 46530-8153

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AM GENERAL MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22223

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 30 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
GARY & ARLENE MORPHEW

Mailing Address 1141 LAKEWOOD DRIVE

City SOUTH BEND State IN Zip Code 46614-2736

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11.22018

Amount of Each Receipt this Period
 CONTRIBUTION **200.00**

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

Mailing Address 411 N. IRONWOOD

City SOUTH BEND State IN Zip Code 46615-3203

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

Name of Employer RETIRED Occupation NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11.21686

Amount of Each Receipt this Period
 CONTRIBUTION **50.00**

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

Mailing Address 411 N. IRONWOOD

City SOUTH BEND State IN Zip Code 46615-3203

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

Name of Employer RETIRED Occupation NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.22089

Amount of Each Receipt this Period
 CONTRIBUTION **50.00**

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 31 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. GEORGE E. NICKELL

Mailing Address 53044 SYLVAN COURT

City State Zip Code
BRISTOL IN 46507-9302

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

Name of Employer Occupation
NICKELL MOULDING COMPANY SELF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : SA11.22033

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 154 GUARDS ROAD

City State Zip Code
GREENWICH CT 06831-2737

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

Name of Employer Occupation
THOR INDUSTRIES, INC. VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 03 2014

Transaction ID : SA11.22211

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD O. PERELMAN

Mailing Address 237 PARK AVENUE

City State Zip Code
NEW YORK NY 10017-3140

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

Name of Employer Occupation
MACANDREWS & FORBES CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 03 2014

Transaction ID : SA11.22205

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

4100.00

**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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. LAWRENCE A. PLATT JR.

Mailing Address 7 KESWICK RD

City State Zip Code
STAFFORD VA 22556-6667

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AM GENERAL BUSINESS DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22034

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TIM C. PORTOLESE

Mailing Address 23510 GREENLEAF BLVD

City State Zip Code
ELKHART IN 46514-4404

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22229

Amount of Each Receipt this Period

CONTRIBUTION

FOOD

C. Full Name (Last, First, Middle Initial)
MR. TERRY J. RODINO

Mailing Address 23393 SHORELANE

City State Zip Code
ELKHART IN 46514-4567

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RECYLED NEW PALLET OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.22042

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 33 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. WALTER W. SAMPSON JR.
 Mailing Address 9 OGDEN CT
 City State Zip Code
 OGDEN DUNES IN 46368-1011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 20 2014
Transaction ID : SA11.21958
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARION SCHROCK
 Mailing Address P.O. BOX 744
 City State Zip Code
 WAKARUSA IN 46573-0744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HORIZON TRANSPORT INC PRESIDENT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 27 2014
Transaction ID : SA11.22102
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND M. SCHROCK
 Mailing Address 25652 STATE ROAD 119
 City State Zip Code
 GOSHEN IN 46526-7457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED OPERATE FARM SUPPLY STORE
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2014
Transaction ID : SA11.21696
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

1350.00

**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 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. BARRY F. SCHWARTZ

Mailing Address 35 EAST 62ND STREET

City State Zip Code
NEW YORK NY 10065-8014

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

Name of Employer Occupation
MACANDREWS & FORBES VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.22177

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES FOSTER SHEA

Mailing Address 713 BITTERSWEET COVE DR

City State Zip Code
MISHAWAKA IN 46544-3884

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

Name of Employer Occupation
FAIRMONT HOMES, INC BUSINESS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.22158

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARGARET S. SHEA

Mailing Address 1118 BARRINGTON PLACE

City State Zip Code
MISHAWAKA IN 46545-8906

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11.22219

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

5600.00

**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 86
	<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)
Walorski for Congress

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

Mailing Address **PO BOX 30025**

City **INDIANAPOLIS** State **IN** Zip Code **46230-0025**

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

Name of Employer **ICE MILLER LLP** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11.22226

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. AMY SINK

Mailing Address **61656 HAVERFORD COURT**

City **SOUTH BEND** State **IN** Zip Code **46614-6444**

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

Name of Employer **INTERRA FEDERAL CREDIT UNION** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11.21950

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DOUGLAS SMOKER

Mailing Address **58269 CR 29**

City **GOSHEN** State **IN** Zip Code **46528-6622**

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

Name of Employer **SMOKER CRAFT INC.** Occupation **PRESIDENT/CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.22194

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

2750.00

**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 36 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. RICHARD L. STEWART

Mailing Address 22517 WINCHESTER DR

City State Zip Code
ELKHART IN 46514-4653

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

Name of Employer Occupation
PILOT & ASSOCIATES ADJUSTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 26 / 2014

Transaction ID : SA11.22088

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. RICHARD T. STITH PH. D., J.

Mailing Address 812 BROWN ST

City State Zip Code
VALPARAISO IN 46383-5855

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

Name of Employer Occupation
VALPARAISO SCHOOL OF LAW PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.22106

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD J. SUMMERS

Mailing Address 801 FRONTAGE ROAD
APT 204

City State Zip Code
OXFORD MS 38655-5124

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

Name of Employer Occupation
UNIVERSITY OF MISSISSIPPI PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2549.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11.21974

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
NATALIE J. THOMAS

Mailing Address **P.O. BOX 1404**

City **MIDDLEBURY** State **IN** Zip Code **46540-1404**

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

Name of Employer **NAUTIC GLOBAL GROUP** Occupation **OPERATIONS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11.22032

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **1415 LINCOLN WAY WEST
SUITE H**

City **OSCEOLA** State **IN** Zip Code **46561-2061**

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

Name of Employer **BJ THOMPSON ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.22179

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT M. TUCKER

Mailing Address **271 EMS C29 LANE**

City **WARSAW** State **IN** Zip Code **46582-9160**

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

Name of Employer **MAPLE LEAF FARMS** Occupation **OWNER/EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11.22000

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1600.00

**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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. BART TYRRELL

Mailing Address 2308 FAIRWAY DR.

City State Zip Code
LONG BEACH IN 46360-1555

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.22118

Amount of Each Receipt this Period
400.00
CONTRIBUTION

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

Mailing Address 51839 SUMMER WOOD COURT

City State Zip Code
GRANGER IN 46530-4516

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

Name of Employer Occupation
AM GENERAL EVP - COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11.21988

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 6920 W. NASHWAY DRIVE

City State Zip Code
WEST BLOOMFIELD MI 48322-3213

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

Name of Employer Occupation
AM GENERAL DEFENSE PROGRAM MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11.22098

Amount of Each Receipt this Period
350.00
CONTRIBUTION

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

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

1750.00

**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 86
	<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)
Walorski for Congress

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

Mailing Address 53296 CHELLE LANE

City GRANGER State IN Zip Code 46530-8996

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

Name of Employer MAY OBERFELL LORBER Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11.21951

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MATTHEW K. WALD

Mailing Address 2551 WASHINGTON BLVD.

City ARLINGTON State VA Zip Code 22201-1117

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

Name of Employer RVIA Occupation EXECUTIVE DIRECTOR, PARK MODEL RVS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22209

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAY E. WALLIS

Mailing Address PO BOX 85

City ELKHART State IN Zip Code 46515-0085

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

Name of Employer ABCO INC Occupation ACCOUNTING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.22178

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

**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 86
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) BECKY WEAVER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2014
Mailing Address 10683 WINTERWOOD		Transaction ID : SA11.22039
City CARMEL	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) BECKY WEAVER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 24 / 2014
Mailing Address 10683 WINTERWOOD		Transaction ID : SA11.22095A
City CARMEL	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	CHARGED BACK \$2,600.00 ON 10/27/2014

Full Name (Last, First, Middle Initial) BECKY WEAVER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2014
Mailing Address 10683 WINTERWOOD		Transaction ID : SA11.22095B
City CARMEL	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	CHARGED BACK

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 41 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MIKE WEAVER
 Mailing Address 10683 WINTERWOOD
 City State Zip Code
 CARMEL IN 46032-8258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WEAVER POPCORN COMPANY PRESIDENT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 24 2014
Transaction ID : SA11.22037
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES C. WICKS
 Mailing Address 26207 HILLY LANE
 P.O. BOX 1884
 City State Zip Code
 ELKHART IN 46517-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STATE OF INDIANA JUDGE
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 27 2014
Transaction ID : SA11.22112
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS WIERS
 Mailing Address 2111 JIM NEU DRIVE
 City State Zip Code
 PLYMOUTH IN 46563-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OWNER OWNER & PRESIDENT
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 28 2014
Transaction ID : SA11.22122
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

4100.00

**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 42 OF 86
	<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)
Walorski for Congress

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

Mailing Address 14967 12TH RD

City State Zip Code
PLYMOUTH IN 46563-8129

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

Name of Employer Occupation
CULVER TOOL & ENG. INC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11.22014

Amount of Each Receipt this Period
300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CURTIS J. YODER

Mailing Address 70489 S BEECHWOOD ST

City State Zip Code
UNION MI 49130-8707

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11.22183

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ERNEST ZELLER

Mailing Address 52605 BROOKTRAIL DRIVE

City State Zip Code
SOUTH BEND IN 46637-3006

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

Name of Employer Occupation
METALSTAMP, INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11.22005

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 43 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DD&A PROPERTIES, LLC

Mailing Address 367 E. 1250 N.

City State Zip Code
MILFORD IN 46542-9052

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1005.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 28 / 2014

Transaction ID : SA11.22127

Amount of Each Receipt this Period
 1005.00

CONTRIBUTION

SEE ATTRIBUTION

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

Mailing Address 403 W. THIRD STREET

City State Zip Code
NORTH MANCHESTER IN 46962-1406

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

Name of Employer Occupation
FAHS BROWN PLUMBING, INC. INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 21 / 2014

Transaction ID : SA11.22243

Amount of Each Receipt this Period
 335.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DANIEL F. BROWN

Mailing Address 407 S MAIN ST

City State Zip Code
MILFORD IN 46542-9416

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

Name of Employer Occupation
PHEND & BROWN EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 21 / 2014

Transaction ID : SA11.22241

Amount of Each Receipt this Period
 335.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION

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

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

1005.00

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

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

FOR LINE NUMBER: PAGE 44 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DOUG BROWN

Mailing Address 53140 SEMINOLE LANE

City SOUTH BEND State IN Zip Code 46637-4520

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : SA11.22242

Amount of Each Receipt this Period
 335.00

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION**

B. Full Name (Last, First, Middle Initial)
R.B.F. LLC DBA RIVERBEND FARMS

Mailing Address 4738 WEST 800 NORTH

City ROANN State IN Zip Code 46974-9565

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.22207

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

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

89257.57

**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 86
	<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)
Walorski for Congress

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

Mailing Address PO 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11.22220

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MISHLER FOR STATE SENATE

Mailing Address P.O. BOX 202

City State Zip Code
BREMEN IN 46506-0202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11.22139

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
1ST SOURCE CORPORATION PAC

Mailing Address P.O. BOX 1602

City State Zip Code
SOUTH BEND IN 46634-1602

FEC ID number of contributing federal political committee. **C** C00181529

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.22173

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 46 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
ACPAC ACA INTERNATIONAL PAC

Mailing Address 509 2ND STREET NE

City WASHINGTON State DC Zip Code 20002-7726

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.22066

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 800 TENTH ST, NW
TWO CITYCENTER, SUITE 400

City WASHINGTON State DC Zip Code 20001-5188

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22171

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARNES & THORNBURG PAC

Mailing Address 11 SOUTH MERIDIAN STREET

City INDIANAPOLIS State IN Zip Code 46204-3506

FEC ID number of contributing federal political committee. **C C00395947**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22131

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 47 OF 86
	<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)
Walorski for Congress

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

Mailing Address 3815 RIVER CROSSING PARKWAY
SUITE 300

City INDIANAPOLIS State IN Zip Code 46240-7767

FEC ID number of contributing federal political committee. **C C00451518**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11.22055

Amount of Each Receipt this Period
3000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENTONS US LLP PAC

Mailing Address 233 S WACKER DR. SUITE 7800

City CHICAGO State IL Zip Code 60606-6459

FEC ID number of contributing federal political committee. **C C00216127**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11.22208

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 1650 DIAGONAL ROAD

City ALEXANDRIA State VA Zip Code 22314-2857

FEC ID number of contributing federal political committee. **C C00306449**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11.22054

Amount of Each Receipt this Period
2500.00
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 48 OF 86
	<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)
Walorski for Congress

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

Mailing Address 1050 K STREET NW
SUITE 400

City WASHINGTON State DC Zip Code 20001-4448

FEC ID number of contributing federal political committee. **C C00386904**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22180

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GOP GENERATION Y FUND

Mailing Address PO BOX 9055

City PEORIA State IL Zip Code 61612-9055

FEC ID number of contributing federal political committee. **C C00448191**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22141

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

Mailing Address 228 S. WASHINGTON STREET
SUITE 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.22176

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

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

11000.00

**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 86
	<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)
Walorski for Congress

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

Mailing Address 55 WAUGH DRIVE SUITE 1000

City HOUSTON State TX Zip Code 77007-5834

FEC ID number of contributing federal political committee. **C C00250027**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.22067

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCDONALD'S PAC

Mailing Address 2111 MCDONALD'S DRIVE

City OAK BROOK State IL Zip Code 60523-5500

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 07 / 2014

Transaction ID : SA11.22234

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR SOUTHERN MISSOURIAN IN THE HOUSE PAC (MR SMITH PAC)

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C C00563726**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22168

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 50 OF 86
	<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)
Walorski for Congress

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

Mailing Address 4300 WILSON BLVD SUITE 400

City ARLINGTON State VA Zip Code 22203-4168

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22133

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL AUTOMOBILE DEALERS ASSOCIATION

Mailing Address 412 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22130

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC

Mailing Address 2901 TELESTAR COURT

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11.22142

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 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL MULTIFAMILY HOUSING COUNCIL PAC

Mailing Address 1850 M STREET, NW SUITE 540

City	State	Zip Code
WASHINGTON	DC	20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.22113

Amount of Each Receipt this Period
 _____ 2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL READY MIXED CONCRETE ASSN. PAC

Mailing Address 900 SPRING ST

City	State	Zip Code
SILVER SPRING	MD	20910-4017

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11.22170

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL TOOLING & MACHINING ASSOCIATION

Mailing Address 1357 ROCKSIDE RD.

City	State	Zip Code
CLEVELAND	OH	44134-2776

FEC ID number of contributing federal political committee. **C** C00043091

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.22115

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 52 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. OB-GYN PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 12TH ST. SW
 City State Zip Code
 WASHINGTON DC 20024-2125
 FEC ID number of contributing federal political committee. **C C00364158**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11.22058
 Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

B. REALTORS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N. MICHIGAN AVE
 City State Zip Code
 CHICAGO IL 60611-4011
 FEC ID number of contributing federal political committee. **C C00030718**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.22009
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. REALTORS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 N. MICHIGAN AVE
 City State Zip Code
 CHICAGO IL 60611-4011
 FEC ID number of contributing federal political committee. **C C00030718**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2014
Transaction ID : SA11.22239
 Amount of Each Receipt this Period
 1000.00
 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 53 OF 86
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
THE PROTECTIVE GROUP, INC. PAC

Mailing Address 14000 NW 58TH COURT

City MIAMI LAKES State FL Zip Code 33014-3117

FEC ID number of contributing federal political committee. **C** C00423996

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11.22222

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

43000.00

**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 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 320 FIRST ST, SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA14.1500

Amount of Each Receipt this Period
 10000.00

CHECK DATED 9/19 WAS LOST & VOIDED

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).....

10000.00

10000.00

**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 55 OF 86			
	<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)
Walorski for Congress

A. GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 64845

City: BATON ROUGE State: LA Zip Code: 70896

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **GARRET GRAVES**

Office Sought: House Senate President
State: LA District: 06

Disbursement For: Primary General Other (specify)

Date of Disbursement: 11 / 13 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I1438

B. UPTON FOR ALL OF US

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 490

City: ST JOSEPH State: MI Zip Code: 49085

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **FREDERICK UPTON**

Office Sought: House Senate President
State: MI District: 06

Disbursement For: Primary General Other (specify)

Date of Disbursement: 11 / 01 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.I1492

C. MR. SCOTT CARRICO

Full Name (Last, First, Middle Initial)
Mailing Address 18882 PIERCE RD

City: LAKEVILLE State: IN Zip Code: 46536-9310

Purpose of Disbursement: IN-KIND CONTRIBUTION

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: 2014 Primary General Other (specify)

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 305.22

Transaction ID : SB17.21670

FOOD

SUBTOTAL of Disbursements This Page (optional) 2805.22

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 56 OF 86	
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MR. SCOTT CARRICO		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 18882 PIERCE RD		Amount of Each Disbursement this Period 139.29
City LAKEVILLE	State IN	
Zip Code 46536-9310	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.22232
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD
State: District:		

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 997.79
City SOUTH BEND	State IN	
Zip Code 46614	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I1419
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. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 293.64
City SOUTH BEND	State IN	
Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1502
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)	[MEMO ITEM] DANIELS 10/20
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1137.08
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 57 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CAFE NAVARRE		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 101 N MICHIGAN ST.		Amount of Each Disbursement this Period 516.85
City SOUTH BEND State IN Zip Code 46601	Category/Type	
Purpose of Disbursement FOOD & BEVERAGES	Candidate Name	Transaction ID : SB17.I1506
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM] DANIELS 10/20	

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 3000.00
City SOUTH BEND State IN Zip Code 46614	Category/Type	
Purpose of Disbursement SALARY	Candidate Name	Transaction ID : SB17.I1420
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 1080.64
City SOUTH BEND State IN Zip Code 46614	Category/Type	
Purpose of Disbursement REIMBURSEMENT	Candidate Name	Transaction ID : SB17.I1421
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4080.64
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 58 OF 86	
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. LUCCHESI'S ITALIAN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 205 E JACKSON BLVD		Amount of Each Disbursement this Period 557.80
City ELKHART State IN Zip Code 46516	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name		Transaction ID : SB17.I1455
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	[MEMO ITEM] DANIELS 11/1

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 245.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.I1496
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	[MEMO ITEM] DANIELS 11/1

Full Name (Last, First, Middle Initial) C. VILLA MACRI RISTORANTE		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 225 TOSCANA PARK		Amount of Each Disbursement this Period 254.00
City GRANGER State IN Zip Code 46530	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name		Transaction ID : SB17.I1501
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	[MEMO ITEM] DANIELS 11/1

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 59 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 335.09 Transaction ID : SB17.I1423
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
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. LARISSA DRAGU		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 246 E TRETT ST		Amount of Each Disbursement this Period 1850.00 Transaction ID : SB17.I1429
City WHEATFIELD State IN Zip Code 46392	Purpose of Disbursement SALARY	
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. LARISSA DRAGU		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 246 E TRETT ST		Amount of Each Disbursement this Period 245.00 Transaction ID : SB17.I1431
City WHEATFIELD State IN Zip Code 46392	Purpose of Disbursement REIMBURSEMENT	
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).....	2430.09
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 60 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 245.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I1495
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)	[MEMO ITEM] DRAGU 11/1
State: District:		

Full Name (Last, First, Middle Initial) B. LARISSA DRAGU		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 246 E TRETT ST		Amount of Each Disbursement this Period 307.10
City WHEATFIELD	State IN	
Zip Code 46392	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I1432
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)	[MEMO ITEM] DRAGU 11/1 (B)
State: District:		

Full Name (Last, First, Middle Initial) C. LARISSA DRAGU		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 246 E TRETT ST		Amount of Each Disbursement this Period 110.65
City WHEATFIELD	State IN	
Zip Code 46392	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1430
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)	[MEMO ITEM] DRAGU 11/1 (B)
State: District:		

SUBTOTAL of Disbursements This Page (optional)	307.10
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 61 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 48.60
City BENTONVILLE	State AR Zip Code 72712	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.I1498 [MEMO ITEM] DRAGU 11/1 (B)
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. WALMART		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 19.90
City BENTONVILLE	State AR Zip Code 72712	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	Transaction ID : SB17.I1507 [MEMO ITEM] DRAGU 11/1 (B)
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. LARISSA DRAGU		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 246 E TRETT ST		Amount of Each Disbursement this Period 21.37
City WHEATFIELD	State IN Zip Code 46392	
Purpose of Disbursement REIMBURSEMENT	Category/Type	Transaction ID : SB17.I1433
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).....	21.37
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 62 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. LARISSA DRAGU		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 246 E TRETT ST		Amount of Each Disbursement this Period 462.64
City WHEATFIELD	State IN	
Zip Code 46392	Purpose of Disbursement REIMBURSEMENT	Transaction ID : SB17.I1434
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. APPLE INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1 INFINITE LOOP		Amount of Each Disbursement this Period 319.93
City CUPERTINO	State CA	
Zip Code 95014	Purpose of Disbursement PHONE	Transaction ID : SB17.I1403
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)	[MEMO ITEM] DRAGU 11/20
State: District:		

Full Name (Last, First, Middle Initial) C. MS. CYNTHIA A. DUNLOP		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 51975 WINDING WATERS LANE		Amount of Each Disbursement this Period 106.76
City ELKHART	State IN	
Zip Code 46514-5807	Purpose of Disbursement IN-KIND CONTRIBUTION	Transaction ID : SB17.22228
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	FOOD
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	569.40
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 63 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MR. GARY A. FOX		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 15975 ELMSFORD CT		Amount of Each Disbursement this Period 260.55
City GRANGER State IN Zip Code 46530-8726	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.22079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type FOOD	

Full Name (Last, First, Middle Initial) B. MR. TAD N. GONGWER		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 503 S. WASHINGTON ST		Amount of Each Disbursement this Period 300.00
City WAKARUSA State IN Zip Code 46573-9544	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.22227
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type FOOD	

Full Name (Last, First, Middle Initial) C. MR. LOREN R. GRABER		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 30338 COUNTY ROAD 56		Amount of Each Disbursement this Period 1400.00
City NAPPANEE State IN Zip Code 46550-9105	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.22231
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type ADVERTISING	

SUBTOTAL of Disbursements This Page (optional).....	1960.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MR. TIM C. PORTOLESE			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 23510 GREENLEAF BLVD			Amount of Each Disbursement this Period 240.75
City ELKHART	State IN	Zip Code 46514-4404	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type	Transaction ID : SB17.22229
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		FOOD
State: District:			

Full Name (Last, First, Middle Initial) B. JOHN SMITH			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address			Amount of Each Disbursement this Period 1400.00
City	State	Zip Code	
Purpose of Disbursement TRAILER PURCHASE		Category/ Type	Transaction ID : SB17.I1473
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. TIM SULLIVAN			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 815 E WAYNE ST.			Amount of Each Disbursement this Period 2000.00
City SOUTH BEND	State IN	Zip Code 46617	
Purpose of Disbursement SALARY		Category/ Type	Transaction ID : SB17.I1480
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).....	3640.75
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 65 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. TIM SULLIVAN			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 815 E WAYNE ST.			Amount of Each Disbursement this Period 768.59	
City SOUTH BEND	State IN	Zip Code 46617	Transaction ID : SB17.I1481	
Purpose of Disbursement REIMBURSEMENT		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. TIM SULLIVAN			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 815 E WAYNE ST.			Amount of Each Disbursement this Period 541.56	
City SOUTH BEND	State IN	Zip Code 46617	Transaction ID : SB17.I1482	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type	[MEMO ITEM]	
Candidate Name		SULLIVAN 11/1		
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. LOWE'S			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 110 COUNTY ROAD 6 WEST			Amount of Each Disbursement this Period 33.32	
City ELKHART	State IN	Zip Code 46514	Transaction ID : SB17.I1508	
Purpose of Disbursement CAMPAIGN SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name		SULLIVAN 11/1		
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).....	768.59
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 66 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I1401
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC 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) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 521.21 Transaction ID : SB17.I1402
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC 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. ASURION WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 648 GRASSMERE PARK		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.I1404
City NASHVILLE	State TN	
Zip Code 37211	Purpose of Disbursement CELL SERVICE 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).....	829.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. BEARNAISE		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 315 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 289.91 Transaction ID : SB17.I1405
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD & BEVERAGES	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. CAFE NAVARRE		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 101 N MICHIGAN ST.		Amount of Each Disbursement this Period 446.83 Transaction ID : SB17.I1407
City SOUTH BEND	State IN	
Zip Code 46601	Purpose of Disbursement FOOD & BEVERAGES	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. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 708.36 Transaction ID : SB17.I1408
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD & BEVERAGES	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).....	1445.10
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 68 OF 86	
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial)
A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 20 / 2014

Amount of Each Disbursement this Period: 105.00

Transaction ID : SB17.I1409

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

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 57.47

Transaction ID : SB17.I1411

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

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 172.89

Transaction ID : SB17.I1412

SUBTOTAL of Disbursements This Page (optional) 335.36

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 69 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 526.49 Transaction ID : SB17.I1413
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC 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) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 421.61 Transaction ID : SB17.I1414
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC 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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.I1415
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE 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).....	1748.10
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 70 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 120.03 Transaction ID : SB17.I1416
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC 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) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 2.95 Transaction ID : SB17.I1417
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC 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. DEL TORO, BRENDON		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 8412 PAIGE GLEN AVE		Amount of Each Disbursement this Period 10833.33 Transaction ID : SB17.I1424
City SPRINGFIELD	State VA	
Zip Code 22152	Purpose of Disbursement SALARY	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).....	10956.31
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 71 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. DOUBLETREE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 7390 JONES BRANCH DR		Amount of Each Disbursement this Period 111.33 Transaction ID : SB17.I1425
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement ACCOMODATIONS	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. DOUBLETREE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 7390 JONES BRANCH DR		Amount of Each Disbursement this Period 111.33 Transaction ID : SB17.I1426
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement ACCOMODATIONS	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. DOUBLETREE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 7390 JONES BRANCH DR		Amount of Each Disbursement this Period 111.33 Transaction ID : SB17.I1427
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement ACCOMODATIONS	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).....	333.99
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 72 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. DOUBLETREE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 7390 JONES BRANCH DR		Amount of Each Disbursement this Period 111.33
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement ACCOMODATIONS	Transaction ID : SB17.I1428
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. GRAND HORIZON CENTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. BOX 744		Amount of Each Disbursement this Period 350.00
City WAKARUSA	State IN	
Zip Code 46573	Purpose of Disbursement RENT	Transaction ID : SB17.I1439
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. GS STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 350 N 9TH ST STE 550		Amount of Each Disbursement this Period 32000.00
City BOISE	State ID	
Zip Code 83702	Purpose of Disbursement PUBLIC OPINION RESEARCH	Transaction ID : SB17.I1441
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).....	32461.33
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 73 OF 86	
	<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)
Walorski for Congress

A. GS STRATEGY GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 350 N 9TH ST STE 550

City BOISE State ID Zip Code 83702

Purpose of Disbursement PUBLIC OPINION RESEARCH

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 13 / 2014

Amount of Each Disbursement this Period: 16000.00

Transaction ID : SB17.I1442

B. HAMPTON INN

Full Name (Last, First, Middle Initial)
Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement ACCOMODATIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 1525.50

Transaction ID : SB17.I1443

C. HAMPTON INN

Full Name (Last, First, Middle Initial)
Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement ACCOMODATIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2014

Amount of Each Disbursement this Period: 1627.20

Transaction ID : SB17.I1444

SUBTOTAL of Disbursements This Page (optional) 19152.70

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 74 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 16501.00 Transaction ID : SB17.I1446
City AUSTIN State TX Zip Code 78704	Purpose of Disbursement WEBSITE EXPENSE	
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. ICONTACT		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 5221 PARAMOUNT PKWY STE 200		Amount of Each Disbursement this Period 74.00 Transaction ID : SB17.I1448
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement E-MAIL SERVICE	
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. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 19.95 Transaction ID : SB17.I1450
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CC PROCESSING	
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).....	16594.95
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 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.I1451
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. LA SALLE GRILL		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 115 W COLFAX AVE		Amount of Each Disbursement this Period 560.64
City SOUTH BEND State IN Zip Code 46601	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name	Category/Type	Transaction ID : SB17.I1452
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. LINCOLN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 1110 VERMONT AVE NW		Amount of Each Disbursement this Period 800.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name	Category/Type	Transaction ID : SB17.I1454
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).....	1403.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 86	
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. LUCCHESI'S ITALIAN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 205 E JACKSON BLVD		Amount of Each Disbursement this Period 470.22
City ELKHART	State IN	
Zip Code 46516	Purpose of Disbursement FOOD & BEVERAGES	Transaction ID : SB17.I1456
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. MICHAELANGELOS EVENTS		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4261 RALPH JONES CT.		Amount of Each Disbursement this Period 1870.26
City SOUTH BEND	State IN	
Zip Code 46628	Purpose of Disbursement EVENT SUPPLIES & RENTALS	Transaction ID : SB17.I1462
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. MUSIC MACHINE		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 2112 W MISHAWAKA AVE		Amount of Each Disbursement this Period 300.00
City SOUTH BEND	State IN	
Zip Code 46615	Purpose of Disbursement ENTERTAINMENT	Transaction ID : SB17.I1463
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).....	2640.48
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 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. OLD NATIONAL BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1 MAIN ST		Amount of Each Disbursement this Period 972.53 Transaction ID : SB17.I1469
City EVANSVILLE State IN Zip Code 47708	Purpose of Disbursement BANK FEE	
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. RUTH CHRIS STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1030 W CANTON AVE STE 100		Amount of Each Disbursement this Period 549.57 Transaction ID : SB17.I1471
City WINTER PARK State FL Zip Code 32789	Purpose of Disbursement FOOD & BEVERAGES	
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. RUTH CHRIS STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1030 W CANTON AVE STE 100		Amount of Each Disbursement this Period 397.96 Transaction ID : SB17.I1472
City WINTER PARK State FL Zip Code 32789	Purpose of Disbursement FOOD & BEVERAGES	
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).....	972.53
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 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. SRCP MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 201 N UNION ST STE 200		Amount of Each Disbursement this Period 47625.00 Transaction ID : SB17.I1476
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ADVERTISING-TV	
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. SRCP MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 201 N UNION ST STE 200		Amount of Each Disbursement this Period 1186.00 Transaction ID : SB17.I1477
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ADVERTISING PRODUCTION	
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. SRCP MEDIA		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 201 N UNION ST STE 200		Amount of Each Disbursement this Period 13579.00 Transaction ID : SB17.I1478
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement ADVERTISING PRODUCTION	
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).....	62390.00
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 79 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. STUDIO ONE		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 25833 SR 2		Amount of Each Disbursement this Period 535.00 Transaction ID : SB17.I1479
City SOUTH BEND State IN Zip Code 46619	Purpose of Disbursement RV RENTAL	
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. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2350 RAVINE WAY, STE 100		Amount of Each Disbursement this Period 47.74 Transaction ID : SB17.I1483
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING FEE	
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. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2350 RAVINE WAY, STE 100		Amount of Each Disbursement this Period 545.18 Transaction ID : SB17.I1484
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement EMPLOYER PAYROLL TAXES	
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).....	1127.92
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 80 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2350 RAVINE WAY, STE 100		Amount of Each Disbursement this Period 919.68
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement EMPLOYER PAYROLL TAXES	
Candidate Name		Transaction ID : SB17.I1485
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. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2350 RAVINE WAY, STE 100		Amount of Each Disbursement this Period 44.27
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement PAYROLL PROCESSING FEE	
Candidate Name		Transaction ID : SB17.I1486
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. THE EXCHANGE		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 112 W JEFFERSON BLVD		Amount of Each Disbursement this Period 316.43
City SOUTH BEND State IN Zip Code 46601	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name		Transaction ID : SB17.I1488
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).....	1280.38
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 81 OF 86			
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. THE GULA GRAHAM GROUP			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 499 S CAPITOL ST SW STE 420			Amount of Each Disbursement this Period 16087.20 Transaction ID : SB17.I1489
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FUNDRAISING 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. THE GULA GRAHAM GROUP			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 499 S CAPITOL ST SW STE 420			Amount of Each Disbursement this Period 254.50 Transaction ID : SB17.I1490
City WASHINGTON	State DC	Zip Code 20003	
Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES		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. UNISOURCE DIRECT LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address P.O. BOX 802			Amount of Each Disbursement this Period 6863.53 Transaction ID : SB17.I1491
City WATERTOWN	State WI	Zip Code 53094	
Purpose of Disbursement DIRECT MAIL 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)	23205.23
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 86		
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 111 W RIO SALADO PKWY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 17 / 2014

Amount of Each Disbursement this Period: 366.20

Transaction ID : SB17.I1493

Full Name (Last, First, Middle Initial)
B. US HOUSE GIFT SHOP

Mailing Address LONGWORTH BLDG, BASEMENT LEVEL

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement DONOR ACKNOWLEDGEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 21 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB17.I1447

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

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.I1494

SUBTOTAL of Disbursements This Page (optional) 1616.20

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 86		
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 387.79
City ELGIN State IL Zip Code 60123	Purpose of Disbursement CELL SERVICE	
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 : SB17.I1497
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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).....	387.79
TOTAL This Period (last page this line number only).....	19601.71

**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 86			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. JEFFREY HELMAN			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 23895 N SHORE DR			Amount of Each Disbursement this Period 150.00 Transaction ID : SB20A.I1398
City EDWARDSBURG	State MI	Zip Code 49112	
Purpose of Disbursement REFUND		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.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		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.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		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).....	150.00
TOTAL This Period (last page this line number only).....	150.00

**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 85 OF 86	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)
A. AM GENERAL

Mailing Address 105 N NILES AVE

City SOUTH BEND State IN Zip Code 46617

Purpose of Disbursement REFUND OF DONATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB20C.I1400

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) 2500.00

TOTAL This Period (last page this line number only) 2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 86
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 320 FIRST ST, SE		Amount of Each Disbursement this Period 30000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONTRIBUTION	
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 : SB21.I1464
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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).....	30000.00
TOTAL This Period (last page this line number only).....	30000.00