

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Plummer for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	94990.00	999350.62
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94990.00	999350.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	136285.49	872881.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	554.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	136285.49	872327.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	161609.49	
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).....	130815.73	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Plummer for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49860.00	505233.00
(ii) Unitemized	9130.00	63982.62
(iii) TOTAL of contributions from individuals	58990.00	569215.62
(b) Political Party Committees.....	0.00	7175.00
(c) Other Political Committees (such as PACs).....	36000.00	422960.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94990.00	999350.62
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	4620.63
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	60000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	60000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	554.20
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	94990.00	1064525.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	136285.49	872881.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	30000.00	30000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	166285.49	902881.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	232904.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	94990.00
25. SUBTOTAL (add Line 23 and Line 24).....	327894.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	166285.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	161609.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
WALTER ALEXANDER

Mailing Address 133 S. RIVER LANE

City State Zip Code
GENEVA IL 60134-2749

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

Name of Employer Occupation
ALEXANDER LUMBER CO. PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.2491

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SUSAN ASHER

Mailing Address 211 EAST CHICAGO AVENUE
1020

City State Zip Code
CHICAGO IL 60611-2637

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

Name of Employer Occupation
SELF HOUSEWIFE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2442

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RON BALCH

Mailing Address 9 CANTERBURY COURT

City State Zip Code
MURPHYSBORO IL 62966-3931

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

Name of Employer Occupation
MIDWEST PROCAMATION RESOURCE PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2306

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. WILIAM K. BECKER

Mailing Address

City: **NEEDED** State: **IL** Zip Code: **22314**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : SA11.2390

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CLYDE E. BEIMFOHR

Mailing Address **540 N RAILWAY ST**

City: **MASCOUTAH** State: **IL** Zip Code: **62258-1325**

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

Name of Employer: **SELF-EMPLOYED** Occupation: **SELF-EMPLOYED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **650.00**

Date of Receipt: **10 / 17 / 2012**

Transaction ID : SA11.2421

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

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CLYDE E. BEIMFOHR

Mailing Address **540 N RAILWAY ST**

City: **MASCOUTAH** State: **IL** Zip Code: **62258-1325**

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

Name of Employer: **SELF-EMPLOYED** Occupation: **SELF-EMPLOYED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: **650.00**

Date of Receipt: **10 / 03 / 2012**

Transaction ID : SA11.2475

Amount of Each Receipt this Period: **100.00**

CONTRIBUTION

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

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

Mailing Address **3470 VICKSBURG DRIVE**

City **EDWARDSVILLE** State **IL** Zip Code **62025-3138**

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

Name of Employer **SUPERIOR HOMES** Occupation **CONTRACTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2334

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **457 LEE LN**

City **MURPHYSBORO** State **IL** Zip Code **62966-6431**

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

Name of Employer **IL DEPARTMENT OF CORRECTIONS** Occupation **DIETARY MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2288

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BETSY BUTLER

Mailing Address **993 BERKSHIRE DRIVE**

City **EDWARDSVILLE** State **IL** Zip Code **62025-3811**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2332

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 8 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. GLORIA M. CAMPOS

Mailing Address 1101 N 16TH STREET

City MURPHYSBORO State IL Zip Code 62966-2908

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

Name of Employer HAPPY HOUSE Occupation CO-OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2287

Amount of Each Receipt this Period
35.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER W. CHANDLER

Mailing Address 4108 CHANDLERWOOD

City SPINGFIELD State IL Zip Code 62711-6081

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2397

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JUDITH A. CROWDER

Mailing Address 1800 PINNACLE PLACE

City THE VILLAGES State FL Zip Code 32162-3861

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2290

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

785.00

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

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

FOR LINE NUMBER: PAGE 9 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. J. ROY DEE III

Mailing Address **P.O. BOX 7**

City **MOUNT CARMEL** State **IL** Zip Code **62863-0007**

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

Name of Employer **DEE DRILLIGN COMPANY** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
10 / 17 / 2012

Transaction ID : SA11.2444

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARYLAINE DONNELL

Mailing Address **4 SOUTH CREST**

City **O'FALLON** State **IL** Zip Code **62269-2614**

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

Name of Employer **DENTAL TECHNICIAN** Occupation **DONNELL DENTAL LAB**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
10 / 17 / 2012

Transaction ID : SA11.2427

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **800 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611-2105**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
10 / 17 / 2012

Transaction ID : SA11.2426

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 10 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. BYRON L. FARRELL

Mailing Address 26204 LAKEVIEW TERRACE

City State Zip Code
GODFREY IL 62035-3555

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2012

Transaction ID : SA11.2355

Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

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

Mailing Address 473 LOGAN RUN ROAD

City State Zip Code
MURPHYSBORO IL 62966-6451

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

Name of Employer Occupation
U.S. DEPARTMENT OF JUSTICE RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2012

Transaction ID : SA11.2304

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 209

City State Zip Code
WATERLOO IL 62298-0209

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

Name of Employer Occupation
HARRISONVILLE TELEPHONE COMPANY EXEC.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2012

Transaction ID : SA11.2497

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

575.00

**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 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. PHIL M. GONET

Mailing Address 1616 CRESSA COURT

City State Zip Code
SPRINGFIELD IL 62704-3278

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

Name of Employer Occupation
ILLINOIS COAL ASSOCIATION PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2012

Transaction ID : SA11.2379

Amount of Each Receipt this Period
 CONTRIBUTION
250.00

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

Mailing Address 719 NOTRE DAME

City State Zip Code
EDWARDSVILLE IL 62025-2628

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2012

Transaction ID : SA11.2345

Amount of Each Receipt this Period
 CONTRIBUTION
100.00

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND CHRIS HECK

Mailing Address 440 NORTH WABASH AVE.

City State Zip Code
CHICAGO IL 60611-3555

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

Name of Employer Occupation
KIRKLAND & ELLIS LLP ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 11 2012

Transaction ID : SA11.2495

Amount of Each Receipt this Period
 CONTRIBUTION
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN G. HELMKAMP

Mailing Address P.O. BOX 486

City EAST ALTON State IL Zip Code 62024-0486

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2376

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SUSAN HENKE

Mailing Address 100 N. MORELAND RD

City MORO State IL Zip Code 62067-1512

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

Name of Employer HENKE AUCTION & REALTY LLC Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2331

Amount of Each Receipt this Period
 75.00
 CONTRIBUTION

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

Mailing Address 3600 VICTORIA AVENUE

City MOUNT VERNON State IL Zip Code 62864-7023

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

Name of Employer SELF Occupation PETROLEUM ENGINEER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2323

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

475.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. MIKE HERRING

Mailing Address 8155 STRATFORD

City Clayton State MO Zip Code 63105-3707

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

Name of Employer THE IMPACT GROUP Occupation VICE PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2312

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. L. J. HOCHBERG

Mailing Address 275 NORTH DEERE PARK E.

City HIGHLAND PARK State IL Zip Code 60035-5343

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2326

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY R. HOELSCHER

Mailing Address 194 KNOLLHAVEN TRAIL

City O'FALLON State IL Zip Code 62269-7041

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2367

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. TERRANCE HOLM

Mailing Address 1640 E. 50TH ST , APT. 9C

City State Zip Code
CHICAGO IL 60615

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2294

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES J. HOLTEN

Mailing Address 4003 CHESTNUT OAK DR

City State Zip Code
SMITHTON IL 62285-3741

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 12 / 2012

Transaction ID : SA11.2499

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 6612 LINDEN DRIVE

City State Zip Code
OAK FOREST IL 60452-1556

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

Name of Employer Occupation
HORN & KELLEY, ATTORNEYS AT LAW LAWYER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2012

Transaction ID : SA11.2507

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 15 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. PETER H. HUIZENGA

Mailing Address 2215 YORK ROAD

City State Zip Code
OAK BROOK IL 60523-4014

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

Name of Employer Occupation
HUIZENGA CAPITAL MANAGEMENT CHAIRMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2440

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH K. KIM

Mailing Address 3351 OLD MILL ROAD

City State Zip Code
NORTHBROOK IL 60062-6323

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

Name of Employer Occupation
KOREAN AMERICAN ASSOCIATION SOCIAL SERVICES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2462

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 3351 OLD MILL

City State Zip Code
NORTHBROOK IL 60062-6323

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

Name of Employer Occupation
RKJ LEGAL LAWYER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2517

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

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

Mailing Address 311 N SHAMROCK STREET

City EAST ALTON State IL Zip Code 62024-1126

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

Name of Employer JNT SALES INC. Occupation MARKETING DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11.2530

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAN KLOPFER

Mailing Address 1310 SPRINGBROOKE DRIVE

City EDWARDSVILLE State IL Zip Code 62025-4292

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

Name of Employer RP LUMBER COMPANY Occupation BUILDING MATERIAL AREA MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2337

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1943 NORTH BURLING

City CHICAGO State IL Zip Code 60614-5123

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

Name of Employer LSV ASSET MANAGEMENT Occupation INVESTMENT MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11.2501

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
SAMUEL G. LANCASTER

Mailing Address 1808 BELMONT RD NW

City WASHINGTON State DC Zip Code 20009-5186

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

Name of Employer COMCAST Occupation GOVT AFFAIRS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11.2473

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1601 FAIRWAY DRIVE

City O'FALLON State IL Zip Code 62269-2976

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

Name of Employer RETIRED TEACHER Occupation RETIRED TEACHER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

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

Transaction ID : SA11.2532

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL CHARLES MARCHAL

Mailing Address 85 INDEPENDENCE DR.

City HIGHLAND State IL Zip Code 62249-2640

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

Name of Employer HOLLAND CONSTRUCTION SERVICES, INC. Occupation PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.2482

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 18 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

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

Mailing Address 4005 SEQUOIA DRIVE

City State Zip Code
EDWARDSVILLE IL 62025-7711

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

Name of Employer Occupation
UNIVERSITY NURSING MARKETING

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2382

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SENATOR SAM MCCANN

Mailing Address 268 NORTH BROAD STREET

City State Zip Code
CARLINVILLE IL 62626-1371

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

Name of Employer Occupation
STATE OF ILLINOIS STATE HOUSE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2435

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 4815 KASKASKIA TR

City State Zip Code
GODFREY IL 62035-1223

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

Name of Employer Occupation
CITY OF GODFREY MAYOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
295.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2336

Amount of Each Receipt this Period
150.00
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: (check only one)	PAGE 19 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. SHARON D. MILITELLO

Mailing Address 983 PRESTONWOOD DRIVE

City State Zip Code
EDWARDSVILLE IL 62025-4138

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2428

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. SHARON D. MILITELLO

Mailing Address 983 PRESTONWOOD DRIVE

City State Zip Code
EDWARDSVILLE IL 62025-4138

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2429

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 8025 MARYLAND AVENUE

City State Zip Code
CLAYTON MO 63105-3894

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

Name of Employer Occupation
GATEWAY PACKAGING BUSINESS OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2412

Amount of Each Receipt this Period
250.00

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 20 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
STEVEN N. MILLER

Mailing Address 175 HAZEL

City State Zip Code
GLENCOE IL 60022-1775

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

Name of Employer Occupation
ORIGIN VENTURES PRINCIPAL

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 04 / 2012

Transaction ID : SA11.2480

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHRIS A. MITCHELL

Mailing Address 503 BOHLEBER DRIVE

City State Zip Code
CARM I L 62821-1501

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

Name of Employer Occupation
GEO. N. MITCHELL DRLG. CO, INC. PRESIDENT-GEOLOGIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2324

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ELLIS L. MITCHELL

Mailing Address 1214 W COLLEGE

City State Zip Code
CARBONDALE I L 62901-2347

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

Name of Employer Occupation
UNIVERSAL GLASS COMPANY PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2335

Amount of Each Receipt this Period
100.00
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 21 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MR. EDMUND R. MORRISSEY		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address P.O. BOX 189		Transaction ID : SA11.2353	
City GODFREY	State IL	Zip Code 62035-0189	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. DR. PHILIP R. O' CONNOR		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2012	
Mailing Address 1318 WEST GEORGE STREET		Transaction ID : SA11.2441	
City CHICAGO	State IL	Zip Code 60657-4127	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PROACTIVE STRATEGIES, INC.		Occupation CONSULTANT	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. MRS. MARION E. OELZE		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 11872 COUNTRY HIGHWAY 27		Transaction ID : SA11.2303	
City NASHVILLE	State IL	Zip Code 62263	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer SELF		Occupation OIL WELL DRILLING	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	2650.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 22 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. FREDERICK D. PALMER
 Mailing Address 57 FAIR OAKS DRIVE
 City State Zip Code
 SAINT LOUIS MO 63124-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PEABODY ENERGY EXECUTIVE
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2012
Transaction ID : SA11.2314
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES F. PATRICK
 Mailing Address 903 MAIN STREET
 City State Zip Code
 CARTERVILLE IL 62918-5158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2012
Transaction ID : SA11.2292
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES PETRY
 Mailing Address 524 US ROUTE 51
 City State Zip Code
 DUQUOIN IL 62832-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED RETIRED FARMER
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2012
Transaction ID : SA11.2389
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

2800.00

**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 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
JOHN R. RAITT

Mailing Address 1111 MOHAWK ROAD

City: WILMETTE State: IL Zip Code: 60091-1244

FEC ID number of contributing federal political committee: C

Name of Employer: HARRIS & ASSOCIATES Occupation: FINANCE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 17 / 2012

Transaction ID : SA11.2409

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARY R. RAITT

Mailing Address 1111 MOHAWK ROAD

City: WILMETTE State: IL Zip Code: 60091-1244

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 17 / 2012

Transaction ID : SA11.2406

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 536

City: HARRISBURG State: IL Zip Code: 62946-0536

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: GEOLOGIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 16 / 2012

Transaction ID : SA11.2325

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MARY M. ROE

Mailing Address 804 BELLE AVENUE

City State Zip Code
PINCKNEYVILLE IL 62274-1506

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2329

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROYAL R. ROTH

Mailing Address 745 10TH STREET, SE

City State Zip Code
WASHINGTON DC 20003-2809

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UPS VICE PRESIDENT OF CORPORATE AFFAIRS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2383

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVE RUNYON

Mailing Address 3101 EAST MOUTN PLEASANT LANE

City State Zip Code
OLNEY IL 62450-4601

FEC ID number of contributing federal political committee.

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2446

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 25 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MR. STEVE RUNYON		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012	
Mailing Address 3101 EAST MOUTN PLEASANT LANE		Transaction ID : SA11.2447	
City OLNEY	State IL	Zip Code 62450-4601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) B. MRS. PATSY JANE SAALE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 15964 LAGEMAN LANE		Transaction ID : SA11.2369	
City BRIGHTON	State IL	Zip Code 62012-3897	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFC		Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: 2012 <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) C. MRS. JUDITH B. SAUGET		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012	
Mailing Address 1 LONGUE VUE STATION		Transaction ID : SA11.2396	
City SAUGET	State IL	Zip Code 62206-1139	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HOMEMAKER		Occupation HOMEMAKER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

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

Mailing Address 913 CARLA DR

City State Zip Code
TROY IL 62294-3153

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOME TELEPHONE COMPANY CENTRAL OFFICE MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 16 2012

Transaction ID : SA11.2510

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. VICKI L. SCHRIMPF

Mailing Address 445 COUNTRY CLUB VIEW

City State Zip Code
EDWARDSVILLE IL 62025-3694

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIASA MANAGEMENT COMPANY CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2380

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JEFF SCHWARZ

Mailing Address 1601 STONEBROOK DRIVE

City State Zip Code
EDWARDSVILLE IL 62025-4220

FEC ID number of contributing federal political committee.

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2418

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 27 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MRS. SANDRA SCHWARTZ

Mailing Address 5885 NORTH STATE ROUTE

City State Zip Code
EDWARDSVILLE IL 62025

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

Name of Employer Occupation
SCHWARTZ VENTURES BOOK KEEPER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2351

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 400 BRIERHILL RD.

City State Zip Code
DEERFIELD IL 60015-4402

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

Name of Employer Occupation
KOVITZ MANAGEMENT CORP. MONEY MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2012

Transaction ID : SA11.2468

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. REX A. SINQUEFIELD

Mailing Address 244 BENT WALNUT

City State Zip Code
WESTPHALIA MO 65085-2022

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2313

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 28 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. MENLO F. SMITH

Mailing Address **14 BALLANTRAE COURT**

City **SAINT LOUIS** State **MO** Zip Code **63131-2833**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2311

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ZACK STAMP

Mailing Address **630 SOUTH FARMINGDALE ROAD**

City **NEW BERLIN** State **IL** Zip Code **62670-6584**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2395

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **120 MCARTHUR DRIVE**

City **TROY** State **IL** Zip Code **62294-3182**

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11.2352

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 29 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MATTHEW RAY STIRRUP

Mailing Address 46 AUBUCHON DR

City State Zip Code
FAIRVIEW HEIGHTS IL 62208-2844

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

Name of Employer Occupation
PHILIPS HEALTHCARE SERVICE ENGINEER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11.2477

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

Mailing Address 3612 VICTORIA AVENUE

City State Zip Code
MOUNT VERNON IL 62864-2208

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

Name of Employer Occupation
BENNETT METAL PRODUCTS INC. MFR. AND REPAIR SERVICES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2305

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD H. STRAETER

Mailing Address 15625 NORTH SQUIRE LANE

City State Zip Code
MOUNT VERNON IL 62864-8620

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2463

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

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

Mailing Address 83 STRAWN LANE

City State Zip Code
PLUMERVILLE AR 72127-8903

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIXON LUMBER SALES VICE PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2425

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KENNETH H. SUELTHAUS

Mailing Address 761 CELLA ROAD

City State Zip Code
SAINT LOUIS MO 63124-1611

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYES ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2419

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES R. THOMPSON

Mailing Address 57 EAST DELWARE PLACE

City State Zip Code
CHICAGO IL 60611-1631

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WINSTON & STRAWN ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2438

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 31 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
DONALD R. TRACY

Mailing Address 205 S FIFTH ST., SUITE 700

City State Zip Code
SPRINGFIELD IL 62701-1261

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

Name of Employer Occupation
BROWN HAY & STEPHENS LLP ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2378

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN M. TRACY

Mailing Address 12326 WEDGETON LANE

City State Zip Code
DES PERES MO 63131-3837

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

Name of Employer Occupation
DOT FOODS, INC. BUSINESS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2413

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN O. UPCRAFT

Mailing Address P.O. BOX 1243

City State Zip Code
MOUNT VERNON IL 62864-0025

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(GEOLOGIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2464

Amount of Each Receipt this Period
300.00
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 32 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. RICHARD D. VALLOW

Mailing Address 7002 SEMINARY RIDGE COURT

City State Zip Code
EDWARDSVILLE IL 62025-3109

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VALLOW FLOOR COVERINGS OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2343

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DOUG WAGNER

Mailing Address P.O. BOX 98

City State Zip Code
ROCKBRIDGE IL 62081-0098

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WAGNER SEED AND SUPLY PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2366

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 35 WEST WACKER DRIVE

City State Zip Code
CHICAGO IL 60601-1723

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WINSTON & STRAWN LLP LAWYER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.2439

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 33 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. BENNY D. WEBSTER

Mailing Address 8751 WEBSTER LANE

City State Zip Code
KINMUNDY IL 62854-3319

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DEEP ROCK ENERGY CORPORATION PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2443

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW WEHKING

Mailing Address 11 BROADVIEW FARM RD

City State Zip Code
CREVE COEUR MO 63141-8501

FEC ID number of contributing federal political committee.

Name of Employer Occupation
G I E LTD PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2377

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 5 KNOLLWOOD DRIVE

City State Zip Code
CHESTER IL 62233-1416

FEC ID number of contributing federal political committee.

Name of Employer Occupation
EXECUTIVE GILSTER MARY LEE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2373

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 34 OF 71
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
W PATRICK WILSON

Mailing Address 1701 16TH STREET, NW

City State Zip Code
WASHINGTON DC 20009-3110

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

Name of Employer Occupation
SEMICONDUCTOR INDUSTRY ASSOCIATION COUNSEL

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11.2489

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDY WINN

Mailing Address 2 FAIRWAY DRIVE

City State Zip Code
MOUNT VERNON IL 62864-2624

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2422

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

Mailing Address 11718 AUTUMN TREE DRIVE

City State Zip Code
FORT WAYNE IN 46845-1902

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2417

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: PAGE 35 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
MR. J. NELSON WOOD

Mailing Address 3007 BROADWAY

City MOUNT VERNON State IL Zip Code 62864-2361

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

Name of Employer AMERICAN COAL CO Occupation LAND MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.2301

Amount of Each Receipt this Period
 _____ 1250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. J. NELSON WOOD

Mailing Address 3007 BROADWAY

City MOUNT VERNON State IL Zip Code 62864-2361

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

Name of Employer AMERICAN COAL CO Occupation LAND MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012

Transaction ID : SA11.23011

Amount of Each Receipt this Period
 _____ 1250.00

CONTRIBUTION-PRIMARY DEBT

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

_____ 2500.00

_____ 49860.00

**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 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

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

Mailing Address 14551 MANCHESTER ROAD

City State Zip Code
MANCHESTER MO 63011-3960

FEC ID number of contributing federal political committee. **C** C00495846

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2381

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC

Mailing Address 12176 CHANCERY STATION CIRCLE

City State Zip Code
RESTON VA 20190-5803

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2370

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRIENDS OF TOM YOUNG

Mailing Address P.O. BOX 1053

City State Zip Code
BLOOMINGTON IN 47402-1053

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 17 2012

Transaction ID : SA11.2451

Amount of Each Receipt this Period
500.00
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 37 OF 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address P.O. BOX 1872

City TOPEKA State KS Zip Code 66601-1872

FEC ID number of contributing federal political committee. **C** C00491043

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2384

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 905

City NEWTON State NJ Zip Code 07860-0905

FEC ID number of contributing federal political committee. **C** C00386110

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2434

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY, IN

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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2391

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 38 OF 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION

Mailing Address 1111 NORTH FAIRFAX STREET

City State Zip Code
ALEXANDRIA VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2459

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address 520 NORTH NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068-2538

FEC ID number of contributing federal political committee. **C** C70004684

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2458

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AT&T FEDERAL PAC

Mailing Address 208 SOUTH AKARD STREET

City State Zip Code
DALLAS TX 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2388

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: PAGE 39 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. BUILDING LEADERSHIP AND INSPIRING NEW ENTERPRISE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 96
 City SAINT ELIZABETH State MO Zip Code 65075-0096
 FEC ID number of contributing federal political committee. **C C00489427**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11.2450
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. COMMUNITY BANKERS ASSOCIATION OF ILLINOIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 COMMUNITY DRIVE
 City SPRINGFIELD State IL Zip Code 62703-5170
 FEC ID number of contributing federal political committee. **C C00291914**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11.2461
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. EXELONPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 805379
 City CHICAGO State IL Zip Code 60680-4179
 FEC ID number of contributing federal political committee. **C C00141218**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11.2392
 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 40 OF 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

Mailing Address 403 EAST CAPITOL STREET, SE

City WASHINGTON State DC Zip Code 20003-3810

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2456

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRATERNITY AND SORORITY PAC

Mailing Address P.O. BOX 3435

City ALEXANDRIA State VA Zip Code 22302-0435

FEC ID number of contributing federal political committee. **C** C00410068

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2385

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 2140 THREE M TRAIL

City DELAND State FL Zip Code 32720-1615

FEC ID number of contributing federal political committee. **C** C00493221

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11.2386

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 71
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL FOODSERVICE DISTRIBUTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1410 SPRING HILL ROAD

City State Zip Code
MCLEAN VA 22102-3058

FEC ID number of contributing federal political committee. **C** C00383521

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2012
Transaction ID : SA11.2387

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 1101 PENNSYLVANIA AVENUE, NW

City State Zip Code
WASHINGTON DC 20004-2514

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2012
Transaction ID : SA11.2430

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1000 LOWE'S BOULEVARD

City State Zip Code
MOORESVILLE NC 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2012
Transaction ID : SA11.2460

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. MORTGAGE BANKERS ASSOCIATION PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1717 RHODE ISLAND AVE NW STE 400
 City WASHINGTON State DC Zip Code 20036-3023
 FEC ID number of contributing federal political committee. **C C00004812**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11.2433
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 DAINGERFIELD ROAD
 City ALEXANDRIA State VA Zip Code 22314-6302
 FEC ID number of contributing federal political committee. **C C00030809**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11.2393
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. PAC 66
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 - M P.O. BOX 315
 City BARTLESVILLE State OK Zip Code 74005-0315
 FEC ID number of contributing federal political committee. **C C00112896**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : SA11.2457
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00330720

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2394

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNITED STATES STEEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 600 GRANT STREET

City State Zip Code
PITTSBURGH PA 15219-2702

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.2466

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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).....

3000.00

36000.00

**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 44 OF 71		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. GEORGE DAGLAS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2350.00 Transaction ID : SB.21
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GEORGE DAGLAS		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2350.00 Transaction ID : SB.22
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DEB DETMERS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB.7
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement STRATEGIC CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9700.00
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 45 OF 71		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. LAUREN EHRSMAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 1625.00 Transaction ID : SB.34
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. LAUREN EHRSMAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 1625.00 Transaction ID : SB.35
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ZACHARY JONES		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 2325 HAGEN LAKE ESTATES		Amount of Each Disbursement this Period 500.00 Transaction ID : SB.67
City SHILOH	State IL	
Zip Code 62221	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3750.00
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 46 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ZACHARY JONES			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 2325 HAGEN LAKE ESTATES			Amount of Each Disbursement this Period 500.00	
City SHILOH	State IL	Zip Code 62221	Transaction ID : SB.68	
Purpose of Disbursement ADMINSTRATIVE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PHILIP LASSEIGNE			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012	
Mailing Address 32 WINDERMERE DR.			Amount of Each Disbursement this Period 1625.00	
City GLEN CARBON	State IL	Zip Code 62034	Transaction ID : SB.41	
Purpose of Disbursement ADMINSTRATIVE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PHILIP LASSEIGNE			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012	
Mailing Address 32 WINDERMERE DR.			Amount of Each Disbursement this Period 1625.00	
City GLEN CARBON	State IL	Zip Code 62034	Transaction ID : SB.42	
Purpose of Disbursement ADMINSTRATIVE CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3750.00
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 47 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ANNA VETTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB.1
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ANNA VETTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB.2
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 1445 LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00 Transaction ID : SB.3
City MCCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	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).....	4215.00
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 48 OF 71			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 1445 LAUGHLIN AVENUE		Amount of Each Disbursement this Period 15.00
City MCCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Transaction ID : SB.4
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 400.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement SOFTWARE	Transaction ID : SB.5
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. FAST STOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 221 S. IL ROUTE 3		Amount of Each Disbursement this Period 75.00
City WATERLOO	State IL	
Zip Code 62298	Purpose of Disbursement TRAVEL	Transaction ID : SB.8
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).....	490.00
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 49 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. FEDEX		M M / D D / Y Y Y Y 10 / 01 / 2012	
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID : SB.10
MEMPHIS	TN	38125	177.20
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. FEDEX		M M / D D / Y Y Y Y 10 / 01 / 2012	
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID : SB.11
MEMPHIS	TN	38125	242.62
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. FEDEX		M M / D D / Y Y Y Y 10 / 02 / 2012	
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period	
City	State	Zip Code	Transaction ID : SB.12
MEMPHIS	TN	38125	54.17
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	473.99
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 50 OF 71			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement															
A. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>04</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		04		2012				
M M	/	D D	/	Y Y Y Y													
10		04		2012													
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>37.23</td> </tr> </table>		37.23							
City	State	Zip Code															
MEMPHIS	TN	38125															
37.23																	
Purpose of Disbursement POSTAGE		Transaction ID : SB.13															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

Full Name (Last, First, Middle Initial)		Date of Disbursement															
B. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>04</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		04		2012				
M M	/	D D	/	Y Y Y Y													
10		04		2012													
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>37.23</td> </tr> </table>		37.23							
City	State	Zip Code															
MEMPHIS	TN	38125															
37.23																	
Purpose of Disbursement PRINTING		Transaction ID : SB.14															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

Full Name (Last, First, Middle Initial)		Date of Disbursement															
C. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>05</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		05		2012				
M M	/	D D	/	Y Y Y Y													
10		05		2012													
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>99.90</td> </tr> </table>		99.90							
City	State	Zip Code															
MEMPHIS	TN	38125															
99.90																	
Purpose of Disbursement PRINTING		Transaction ID : SB.15															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

SUBTOTAL of Disbursements This Page (optional).....	174.36
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 51 OF 71			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement															
A. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		10		2012				
M M	/	D D	/	Y Y Y Y													
10		10		2012													
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>271.17</td> </tr> </table>		271.17							
City	State	Zip Code															
MEMPHIS	TN	38125															
271.17																	
Purpose of Disbursement PRINTING		Transaction ID : SB.16															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

Full Name (Last, First, Middle Initial)		Date of Disbursement															
B. FEDEX		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		01		2012				
M M	/	D D	/	Y Y Y Y													
10		01		2012													
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>19.16</td> </tr> </table>		19.16							
City	State	Zip Code															
MEMPHIS	TN	38125															
19.16																	
Purpose of Disbursement POSTAGE		Transaction ID : SB.9															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

Full Name (Last, First, Middle Initial)		Date of Disbursement															
C. GAS MART		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>03</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		03		2012				
M M	/	D D	/	Y Y Y Y													
10		03		2012													
Mailing Address 10070 BUNKUN RD.		Amount of Each Disbursement this Period															
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>FAIRVIEW HEIGHTS</td> <td>IL</td> <td>62208</td> </tr> </table>		City	State	Zip Code	FAIRVIEW HEIGHTS	IL	62208	<table border="1"> <tr> <td>75.00</td> </tr> </table>		75.00							
City	State	Zip Code															
FAIRVIEW HEIGHTS	IL	62208															
75.00																	
Purpose of Disbursement TRAVEL		Transaction ID : SB.17															
Candidate Name		Category/Type															
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For: <table border="1"> <tr><td><input type="checkbox"/></td><td>Primary</td><td><input type="checkbox"/></td><td>General</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Other (specify)</td></tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)		
<input type="checkbox"/>	House																
<input type="checkbox"/>	Senate																
<input type="checkbox"/>	President																
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General														
<input type="checkbox"/>	Other (specify)																
State: District:																	

SUBTOTAL of Disbursements This Page (optional).....	365.33
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 52 OF 71	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. GAS MART		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 10070 BUNKUN RD.		Amount of Each Disbursement this Period 25.12
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement TRAVEL	Transaction ID : SB.18
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. GAS MART		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 10070 BUNKUN RD.		Amount of Each Disbursement this Period 50.50
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement TRAVEL	Transaction ID : SB.6
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. GATEWAY MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150		Amount of Each Disbursement this Period 318.36
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement POSTAGE	Transaction ID : SB.19
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	393.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 71		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. GATEWAY MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150		Amount of Each Disbursement this Period 66002.00
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement MEDIA BUY	Transaction ID : SB.20
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HUCK'S FOOD & FUEL		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 4950 NORTH ILLINOIS STREET		Amount of Each Disbursement this Period 53.65
City SWANSEA	State IL	
Zip Code 62226	Purpose of Disbursement TRAVEL	Transaction ID : SB.23
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ICONCONTACT		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 2.00
City MORRISVILLE	State NC	
Zip Code 27560	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.24
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	66057.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 71		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ICONTACT		M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		19.27
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.25
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. ICONTACT		M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		19.48
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.26
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. ICONTACT		M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		19.79
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.27
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	58.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 71		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ICONTACT		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 19.81
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	Transaction ID : SB.28
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 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 20.05
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	Transaction ID : SB.29
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. ICONTACT		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 19.99
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	Transaction ID : SB.30
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).....	59.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. JACK FLASH		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 300 W GOLF RD		Amount of Each Disbursement this Period 25.00
City PROSPECT	State IL	
Zip Code 60056	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.32
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. JOE K'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 2530 STATE ST.		Amount of Each Disbursement this Period 19.98
City ALTON	State IL	
Zip Code 62002	Purpose of Disbursement MEETING-MEALS	Transaction ID : SB.33
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. MAGGIANO'S		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 2 SAINT LOUIS GALLERIA		Amount of Each Disbursement this Period 400.00
City RICHMOND HEIGHTS	State MO	
Zip Code 63117	Purpose of Disbursement EVENT CATERING	Transaction ID : SB.36
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).....	444.98
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 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. MAGMA CREATIVE		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 700 VERNON ST.		Amount of Each Disbursement this Period 14993.70
City ROSEVILLE	State CA	
Zip Code 95678	Purpose of Disbursement MEDIA PRODUCTION	Transaction ID : SB.37
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. MARTIN AIR		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address PO BOX 485		Amount of Each Disbursement this Period 2569.38
City SANDSTON	State VA	
Zip Code 23150	Purpose of Disbursement TRAVEL	Transaction ID : SB.38
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ONE STOP		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 1106 MILTON RD.		Amount of Each Disbursement this Period 25.05
City ALTON	State IL	
Zip Code 62002	Purpose of Disbursement TRAVEL	Transaction ID : SB.39
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17588.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 71			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. PARTY SHOP-CLIFTON IL			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 1035 E 2900 NORTH			Amount of Each Disbursement this Period 21.99
City CLIFTON	State IL	Zip Code 60927	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB.40
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. PIRYX			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 144 2ND STREET FLOOR 1			Amount of Each Disbursement this Period 459.98
City SAN FRANCISCO	State CA	Zip Code 94105	
Purpose of Disbursement ONLINE PROCESSING		Category/ Type	Transaction ID : SB.43
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. PIZZA HUT			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 3096 HOMER ADAMS PKWY			Amount of Each Disbursement this Period 104.86
City ALTON	State IL	Zip Code 62002	
Purpose of Disbursement MEETING-MEALS		Category/ Type	Transaction ID : SB.44
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)	586.83
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 71	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. PUBLIC OPINION STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 214 NORTH FAYETTE ST.			Amount of Each Disbursement this Period 8500.00 Transaction ID : SB.45
City ALEXANDRIA	State VA	Zip Code 22314	
Purpose of Disbursement POLLING		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. QUICK STOP			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 5329 NORTH ILLINOIS STREET			Amount of Each Disbursement this Period 87.54 Transaction ID : SB.46
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208	
Purpose of Disbursement TRAVEL		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. REVOLVIS CONSULTING INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 7185 NAVAJO RD., STE. P			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB.47
City SAN DIEGO	State CA	Zip Code 92119	
Purpose of Disbursement STRATEGIC CONSULTING		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).....	11087.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 71			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. REVOLVIS CONSULTING INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012		
Mailing Address 7185 NAVAJO RD., STE. P			Amount of Each Disbursement this Period 7060.71		
City SAN DIEGO	State CA	Zip Code 92119	Transaction ID : SB.48		
Purpose of Disbursement TRAVEL/DOOR HANGERS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. REVOLVIS CONSULTING INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012		
Mailing Address 7185 NAVAJO RD., STE. P			Amount of Each Disbursement this Period 5000.00		
City SAN DIEGO	State CA	Zip Code 92119	Transaction ID : SB.49		
Purpose of Disbursement RESEARCH		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. ROAD RANGER			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012		
Mailing Address 905 HEN HOUSE ROAD			Amount of Each Disbursement this Period 68.64		
City OKAWCVILLE	State IL	Zip Code 62271	Transaction ID : SB.50		
Purpose of Disbursement TRAVEL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	12129.35
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 71	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ROCK N ROLL BP		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 631 N. LASALLE ST		Amount of Each Disbursement this Period 73.17
City CHICAGO	State IL	
Zip Code 60654	Purpose of Disbursement MEETING-MEALS	Transaction ID : SB.51
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. RUTHS CHRIS STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 431 N. DEARBORN ST.		Amount of Each Disbursement this Period 1341.43
City CHICAGO	State IL	
Zip Code 60654	Purpose of Disbursement EVENT CATERING	Transaction ID : SB.52
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. RUTHS CHRIS STEAKHOUSE		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 431 N. DEARBORN ST.		Amount of Each Disbursement this Period 1341.43
City CHICAGO	State IL	
Zip Code 60654	Purpose of Disbursement EVENT CATERING	Transaction ID : SB.53
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).....	2756.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SAM'S CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 2450 MAIN ST.		Amount of Each Disbursement this Period 84.08
City EVANSTON	State IL	
Zip Code 60202	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB.54
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 85.58
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.55
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 88.98
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.56
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).....	258.64
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 63 OF 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 89.40
City BLOOMINGTON	State IL Zip Code 61701	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SHELL SERVICE STATION		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 89.94
City BLOOMINGTON	State IL Zip Code 61701	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SOUTHERN ILLINOISAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 1915 UNIVERSITY PRESS DR.		Amount of Each Disbursement this Period 30.00
City CARBONDALE	State IL Zip Code 62901	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	Transaction ID : SB.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	209.34
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 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. SQUARE CO.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 110 FIFTH ST		Amount of Each Disbursement this Period 6.88
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB.60
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. THE DMM GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 444 N. MICHIGAN AVE., STE. 3600		Amount of Each Disbursement this Period 1000.00
City CHICAGO	State IL	
Zip Code 60611	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB.61
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 135.00
City ALTON	State IL	
Zip Code 62002	Purpose of Disbursement POSTAGE	Transaction ID : SB.62
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).....	1141.88
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 71			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 157.50
City ALTON State IL Zip Code 62002	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB.63
State: District:		

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 140 WEST ST.		Amount of Each Disbursement this Period 25.29
City NEW YORK State NY Zip Code 10007	Purpose of Disbursement CELL PHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB.64
State: District:		

Full Name (Last, First, Middle Initial) C. W. MILLAR & CO.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 1335 14TH ST., NW		Amount of Each Disbursement this Period 286.85
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement EVENT CATERING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB.65
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	469.64
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 66 OF 71	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 73 PASADENA		Amount of Each Disbursement this Period 124.43
City FAIRVIEW HEIGHTS	State IL Zip Code 62208	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	Transaction ID : SB.66
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).....	124.43
TOTAL This Period (last page this line number only).....	136285.49

**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 71			
	<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)
Plummer for Congress

Full Name (Last, First, Middle Initial) A. ILLINOIS REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2012
Mailing Address 55 W. MONROE ST., STE. 940		Amount of Each Disbursement this Period 30000.00
City CHICAGO State IL Zip Code 60603	Purpose of Disbursement TRANSFER	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB.31
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).....	30000.00
TOTAL This Period (last page this line number only).....	30000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Plummer for Congress

Transaction ID : **SC10.1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Jason Plummer

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 1272

City State ZIP Code
O'Fallon IL 62269

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 04 / Y 2011 M M / D D / On Demand 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Plummer for Congress

Transaction ID : **SC10.2**

LOAN SOURCE Full Name (Last, First, Middle Initial)

JASON PLUMMER

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 1272

City State ZIP Code
OFALLON IL 62269

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 0.00 50000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 30 / 2012 M M / D D / ON DEMAND 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 50000.00
TOTALS This Period (last page in this line only)..... ▶ 60000.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JASON PLUMMER	Nature of Debt (Purpose): TRAVEL/POSTAGE/POLLING
Mailing Address PO BOX 1282	
City State Zip Code OFALLON IL 62269	

Outstanding Balance Beginning This Period 33916.49	Transaction ID : D10.101701	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 33916.49

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHASE RAMSEY	Nature of Debt (Purpose): TRAVEL
Mailing Address 302 N WORRELL	
City State Zip Code BOWEN IL 62316	

Outstanding Balance Beginning This Period 261.80	Transaction ID : SD10.101702	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 261.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ADVANTAGE INC.	Nature of Debt (Purpose): POLLING
Mailing Address 2300 CLAERNDON BLVD., STE. 1004	
City State Zip Code ARLINGTON VA 22201	

Outstanding Balance Beginning This Period 12400.00	Transaction ID : SD10.101703	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12400.00

1) SUBTOTALS This Period This Page (optional)	46578.29
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Plummer for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAGMA CREATIVE	Nature of Debt (Purpose): MEDIA PRODUCTION
Mailing Address 700 VERNON ST.	
City ROSEVILLE State CA Zip Code 95678	

Outstanding Balance Beginning This Period 26731.14	Transaction ID : SD10.101704	
Amount Incurred This Period 0.00	Payment This Period 14993.70	Outstanding Balance at Close of This Period 11737.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor REVOLVIS CONSULTING INC.	Nature of Debt (Purpose): STRATEGIC CONSULTING
Mailing Address 7185 NAVAJO RD., STE. P	
City SAN DIEGO State CA Zip Code 92119	

Outstanding Balance Beginning This Period 27060.71	Transaction ID : SD10.101705	
Amount Incurred This Period 0.00	Payment This Period 14560.71	Outstanding Balance at Close of This Period 12500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) SUBTOTALS This Period This Page (optional)	24237.44
2) TOTALS This Period (last page this line number only)	70815.73
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	60000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	130815.73