

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Joyce Washington for Congress

ADDRESS (number and street)

19 N La Salle Street

Suite 500

Check if different than previously reported. (ACC)

Chicago

IL

60602-3901

2. FEC IDENTIFICATION NUMBER ▼

C C00540427

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

IL

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Joyce Price

Signature of Treasurer Joyce Price

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Joyce Washington for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 07 / 2013 To: M M / D D / Y Y Y Y 03 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	15035	57364
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15035	57364
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	230180.46	358188.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	230180.46	358188.82
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	39175.18	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	353309.07	

**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

Joyce Washington 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).....	15035	15035
(ii) Unitemized.....	0	41844
(iii) TOTAL of contributions from individuals ▶	15035	56879
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	485
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15035	57364
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	175000	335000
(b) All Other Loans.....	0	5000
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	175000	340000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	190035	397364

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	230180.46	358188.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	230180.46	358188.82

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	79320.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	190035
25. SUBTOTAL (add Line 23 and Line 24).....	269355.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	230180.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	39175.18

**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 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rev. David G Abrahamson**

Mailing Address 1500 W Belmont Avenue

City Chicago State IL Zip Code 60657-3108

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

Name of Employer Saint Luke Church Occupation Minister

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C188**

Amount of Each Receipt this Period  
**250**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Anthony A Armada**

Mailing Address 215 Terrace Drive

City Tower Lakes State IL Zip Code 60010-1247

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

Name of Employer Advocate health Care - Lutheran Genera Occupation President

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2013

**Transaction ID : A-C194**

Amount of Each Receipt this Period  
**100**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Osofo K Atta**

Mailing Address 5121 S Drexel Avenue Unit 3

City Chicago State IL Zip Code 60615-3886

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

Name of Employer Advocate Health Care Occupation Administrator-Educator

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **150**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C183**

Amount of Each Receipt this Period  
**150**

Donation

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

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

**500.00**

**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 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Bates**

Mailing Address 2031 S Indiana Avenue

City Chicago State IL Zip Code 60616-1312

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

Name of Employer Barbara Bates Fashions, Inc Occupation Onwer

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2013**

**Transaction ID : A-C238**

Amount of Each Receipt this Period  
**200**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Carol M Boone**

Mailing Address 320 Chickasaw Trail

City Goodlettsville State TN Zip Code 37072-3302

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2013**

**Transaction ID : A-C239**

Amount of Each Receipt this Period  
**50**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles O Bracken**

Mailing Address 1762 Iroquois Street

City Detroit State MI Zip Code 48214-2718

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

Name of Employer GetixHealth Occupation Executive

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 14 / 2013**

**Transaction ID : A-C157**

Amount of Each Receipt this Period  
**500**

Donation

**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: (check only one)	PAGE 7 OF 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jesse E Burns**

Mailing Address 8200 S Elizabeth Street

City Chicago State IL Zip Code 60620-3954

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

Name of Employer Retired Occupation Retired

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C187**

Amount of Each Receipt this Period  
 200

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Carolyn Curry**

Mailing Address 9045 S Paxton Avenue

City Chicago State IL Zip Code 60617-3814

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2013

**Transaction ID : A-C227**

Amount of Each Receipt this Period  
 100

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Wilbur N Daniel Jr.**

Mailing Address 5209 Stonehedge Boulevard  
Apt. 7

City Fort Wayne State IN Zip Code 46835-3065

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

Name of Employer Retired Occupation Retired

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2013

**Transaction ID : A-C209**

Amount of Each Receipt this Period  
 25

Donation

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

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

325.00

**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 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lloyd Dean**

Mailing Address 46 Spyglass Court

City Half Moon Bay State CA Zip Code 94019-8000

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

Name of Employer Dignity Health Occupation CEO

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2013**

**Transaction ID : A-C208**

Amount of Each Receipt this Period  
**2000**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Rick Floyd**

Mailing Address 40W570 Stonecrest Drive

City Elgin State IL Zip Code 60124-8153

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

Name of Employer Sherman Health Occupation Healthcare Management

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2013**

**Transaction ID : A-C234**

Amount of Each Receipt this Period  
**100**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Michelle J Gaskill**

Mailing Address 4858 S Champlain Avenue # 3S

City Chicago State IL Zip Code 60615-1506

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

Name of Employer Advocate Occupation Hospital Administrator

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : A-C190**

Amount of Each Receipt this Period  
**1000**

Donation

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

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

**3100.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jack Gilbert**

Mailing Address 1416 Gregory Court

City Indian Creek State IL Zip Code 60061-3229

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

Name of Employer Advocate Illinois Masonic Occupation Healthcare

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C181**

Amount of Each Receipt this Period  
 100

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ronald L Greene**

Mailing Address 404 Brock Drive

City Bloomington State IL Zip Code 61701-2654

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

Name of Employer Afni, Inc. Occupation President/CEO

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C182**

Amount of Each Receipt this Period  
 100

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Aaron Hamb**

Mailing Address 1133 E 83rd Street  
Unit 189

City Chicago State IL Zip Code 60619-6454

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

Name of Employer Cook County/Provident Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C185**

Amount of Each Receipt this Period  
 200

Donation

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rev. Ellsworth Hasbrouck**

Mailing Address 5627 S Kenwood Avenue

City Chicago State IL Zip Code 60637-1760

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

Name of Employer Self Employed Occupation Minister

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C179**

Amount of Each Receipt this Period  
 100  
 Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Larry L Jackson**

Mailing Address 3716 Parthenon Way

City Olympia Fields State IL Zip Code 60461-1324

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

Name of Employer South Suburban Hospital Occupation VP Mission & Spiritual Care

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C176**

Amount of Each Receipt this Period  
 100  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Roxanne Jackson**

Mailing Address 4710 Lincoln Highway Suite 250

City Matteson State IL Zip Code 60443-2316

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : A-C274**

Amount of Each Receipt this Period  
 100  
 Donation

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Darnell D Jackson Ttee**

Mailing Address **PO Box 251955**

City **West Bloomfield** State **MI** Zip Code **48325-1955**

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

Name of Employer **Morgan Stanley** Occupation **Owner**

Receipt For: 2013  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : A-C191**

Amount of Each Receipt this Period  
**1000**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Robin L Jones**

Mailing Address **195 N Harbor Drive  
Apt. 2808**

City **Chicago** State **IL** Zip Code **60601-7532**

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

Name of Employer **Unknown** Occupation **Unknown**

Receipt For: 2013  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 27 / 2013**

**Transaction ID : A-C235**

Amount of Each Receipt this Period  
**300**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jason S Keene**

Mailing Address **1645 W Ogden Avenue**

City **Chicago** State **IL** Zip Code **60612-4199**

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

Name of Employer **Advocate Charitable Fndatn** Occupation **Major gift Officer**

Receipt For: 2013  
 Primary  General  
 Other (specify) **Special**

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 24 / 2013**

**Transaction ID : A-C229**

Amount of Each Receipt this Period  
**100**

Donation

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

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

**1400.00**

**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 59
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Tunji Ladipo</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 15 / 2013	
Mailing Address 2530 Crawford Avenue Suite 307		<b>Transaction ID : A-C192</b>	
City Evanston State IL Zip Code 60201-4972	Amount of Each Receipt this Period 2500 Donation		
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Physician		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	Election Cycle-to-Date 2500		

Full Name (Last, First, Middle Initial) <b>B. Ms Karen Lambert</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 18 / 2013	
Mailing Address 235 Cold Spring Road		<b>Transaction ID : A-C197</b>	
City Barrington State IL Zip Code 60010-3515	Amount of Each Receipt this Period 100 Donation		
FEC ID number of contributing federal political committee. C	Name of Employer Advocate Good Shepherd Occupation Administrati		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	Election Cycle-to-Date 100		

Full Name (Last, First, Middle Initial) <b>C. Ms. Rosielyn Lassiter</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2013	
Mailing Address 1440 N Lake Shore Drive		<b>Transaction ID : A-C232</b>	
City Chicago State IL Zip Code 60610-1620	Amount of Each Receipt this Period 50 Donation		
FEC ID number of contributing federal political committee. C	Name of Employer Unknown Occupation Unknown		
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special	Election Cycle-to-Date 50		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<b>TOTAL</b> 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 13 OF 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia A Martin**

Mailing Address 8923 Charrington Drive

City Frankfort State IL Zip Code 60423-9441

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

Name of Employer Governors State University Occupation Dean

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C186**

Amount of Each Receipt this Period  
 200

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Margaret M Mitchell**

Mailing Address 8755 W 73rd Street

City Justice State IL Zip Code 60458-1108

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

Name of Employer Advocate Health Care Occupation Assistant to the President

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C170**

Amount of Each Receipt this Period  
 100

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Rachel T Moxley**

Mailing Address 3186 Robwood Drive

City Nashville State TN Zip Code 37207-2418

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2013

**Transaction ID : A-C236**

Amount of Each Receipt this Period  
 100

Donation

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

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

400.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 59

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah A Myles**

Mailing Address 8815 S Union Avenue

City Chicago State IL Zip Code 60620-2139

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 27 / 2013**

**Transaction ID : A-C237**

Amount of Each Receipt this Period  
**100**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Dominic Nakis**

Mailing Address 2268 River Woods Drive

City Naperville State IL Zip Code 60565-6351

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

Name of Employer Advocate Health Care Occupation Executive

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 24 / 2013**

**Transaction ID : A-C231**

Amount of Each Receipt this Period  
**500**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Clarence Nixon Jr.**

Mailing Address 33589 Cadillac Street

City Farmington Hills State MI Zip Code 48335-4733

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

Name of Employer CNC Group Occupation Managing Partner

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **2535**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 13 / 2013**

**Transaction ID : A-C149**

Amount of Each Receipt this Period  
**10**

Donation

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

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

**610.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 59

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Clarence Nixon Jr.**

Mailing Address 33589 Cadillac Street

City Farmington Hills State MI Zip Code 48335-4733

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

Name of Employer CNC Group Occupation Managing Partner

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **2535**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 18 / 2013**

**Transaction ID : A-C195**

Amount of Each Receipt this Period  
**25**  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Robin C Nixon**

Mailing Address 33589 Cadillac Street

City Farmington Hills State MI Zip Code 48335-4733

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

Name of Employer Strategic Staffing Solutions Occupation Project Manager, DataWarehouse

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : A-C184**

Amount of Each Receipt this Period  
**200**  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mrs Joyce E Price**

Mailing Address 2481 W 63rd Court

City Merrillville State IN Zip Code 46410-2869

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

Name of Employer ArcelorMittal USA Occupation Recruiter

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **1150**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : A-C189**

Amount of Each Receipt this Period  
**900**  
 Donation

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

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

**1125.00**

**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 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley B Pruitt**

Mailing Address 1422 Avalon Avenue

City Dolton State IL Zip Code 60419

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

Name of Employer Undisclosed Occupation Unknown

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2013**

**Transaction ID : A-C273**

Amount of Each Receipt this Period  
**50**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mr Troy Ratliff**

Mailing Address 1700 E 56th Street  
Apt. 3508

City Chicago State IL Zip Code 60637-5099

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

Name of Employer State of Illinois Occupation Manager

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 07 / 2013**

**Transaction ID : A-C142**

Amount of Each Receipt this Period  
**100**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Paul J Robertz**

Mailing Address 5512 S Everett Avenue  
# 1N

City Chicago State IL Zip Code 60637-1902

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

Name of Employer self-employed Occupation used computer hardware

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 20 / 2013**

**Transaction ID : A-C202**

Amount of Each Receipt this Period  
**50**

Donation

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

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

**200.00**



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

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

FOR LINE NUMBER: PAGE 17 OF 59  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Linda W Robinson**

Mailing Address 822 Pierce Street

City State Zip Code  
Gary IN 46402-2126

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Local Union 1014-USW Executive Administrative Asst

Receipt For: 2013  
 Primary     General  
 Other (specify)    Special

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : A-C204**

Amount of Each Receipt this Period

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ms Brenda A Russell**

Mailing Address 417 S Jefferson Street  
Apt. 207

City State Zip Code  
Chicago IL 60607-3817

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PricewaterhouseCooper Sales

Receipt For: 2013  
 Primary     General  
 Other (specify)    Special

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : A-C201**

Amount of Each Receipt this Period

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William P Santulli**

Mailing Address 721 S Thurlow Street

City State Zip Code  
Hinsdale IL 60521-4325

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advocate Health Care COO

Receipt For: 2013  
 Primary     General  
 Other (specify)    Special

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : A-C240**

Amount of Each Receipt this Period

Donation

**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 19 OF 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John L Stallworth Jr.**

Mailing Address 2996 Margaret Mitchell Drive NW

City Atlanta State GA Zip Code 30327-1708

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

Name of Employer PwC Occupation Consultant

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2013

**Transaction ID : A-C193**

Amount of Each Receipt this Period  
 300

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ms Deborah Story**

Mailing Address 5505 Saddlewood Lane

City Brentwood State TN Zip Code 37027-4795

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

Name of Employer Saint Thomas Health Occupation EVP/CHRO

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **75**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2013

**Transaction ID : A-C196**

Amount of Each Receipt this Period  
 75

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Calvin Terrell**

Mailing Address 14124 Glenwood Court

City Libertyville State IL Zip Code 60048-1591

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

Name of Employer Self employed Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C180**

Amount of Each Receipt this Period  
 100

Donation

**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 20 OF 59
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Roland H Walker**

Mailing Address 1001 N Vermillion Street

City Gary State IN Zip Code 46403-1541

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

Name of Employer Walker Medical Occupation Physician

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : A-C255**

Amount of Each Receipt this Period  
 50  
 Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Jossie M Washington**

Mailing Address 2160 Rutledge Street

City Gary State IN Zip Code 46404-3053

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

Name of Employer Retired Occupation Retired

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2013

**Transaction ID : A-C171**

Amount of Each Receipt this Period  
 100  
 Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Milton Washington**

Mailing Address 5439 E Garford Street

City Long Beach State CA Zip Code 90815-3006

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

Name of Employer Community Joint Venture Occupation Administrator

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : A-C203**

Amount of Each Receipt this Period  
 100  
 Donation

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

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

250.00

**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 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Rae H Watkins**

Mailing Address 920 Bradford Avenue

City Nashville State TN Zip Code 37204-2407

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

Name of Employer Retired Occupation Retired

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2013**

**Transaction ID : A-C228**

Amount of Each Receipt this Period  
**200**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Nettie B Webb**

Mailing Address 177 Stone Oaks Drive

City Hartsdale State NY Zip Code 10530-1162

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

Name of Employer Retired Occupation Principal

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 11 / 2013**

**Transaction ID : A-C271**

Amount of Each Receipt this Period  
**1000**

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ronald B Webb**

Mailing Address 4605 Setter Court

City Nashville State TN Zip Code 37207-1068

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

Name of Employer Conexess Occupation IT Consultant

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 25 / 2013**

**Transaction ID : A-C256**

Amount of Each Receipt this Period  
**100**

Donation

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

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

**1300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<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)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cynthia Williams**

Mailing Address 420 S Clinton Street  
Apt. 608

City Chicago State IL Zip Code 60607-3826

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

Name of Employer c2Networks, Inc Occupation Consultant

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013

**Transaction ID : A-C178**

Amount of Each Receipt this Period  
 100

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Ms Norma J Williams**

Mailing Address 111 E Chestnut Street  
Apt. 18J

City Chicago State IL Zip Code 60611-2088

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

Name of Employer NJW Consulting Occupation CEO

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013

**Transaction ID : A-C258**

Amount of Each Receipt this Period  
 100

Donation

**C.** Full Name (Last, First, Middle Initial)  
**Helen M Young**

Mailing Address 429 Kirkwood Avenue

City Nashville State TN Zip Code 37204

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

Name of Employer Retired Occupation Teacher

Receipt For: 2013  
 Primary  General  
 Other (specify) Special

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2013

**Transaction ID : A-C272**

Amount of Each Receipt this Period  
 50

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	15035.00

**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 59
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Joyce Washington for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms Joyce W Washington**

Mailing Address 2400 E 74th Street

City Chicago State IL Zip Code 60649-3988

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

Name of Employer The Washington Group, LLC Occupation President and CEO

Receipt For: 2013  
 Primary     General  
 Other (specify) Special

Election Cycle-to-Date **335000**

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

**Transaction ID : A-L9**

Amount of Each Receipt this Period  
**75000**

**B.** Full Name (Last, First, Middle Initial)  
**Ms Joyce W Washington**

Mailing Address 2400 E 74th Street

City Chicago State IL Zip Code 60649-3988

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

Name of Employer The Washington Group, LLC Occupation President and CEO

Receipt For: 2013  
 Primary     General  
 Other (specify) Special

Election Cycle-to-Date **335000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2013**

**Transaction ID : A-L10**

Amount of Each Receipt this Period  
**100000**

**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).....

**175000.00**

**175000.00**

**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 24 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alkaye Media Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013
Mailing Address 38 N Cass Avenue		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-210</b>
City Westmont	State IL Zip Code 60559-1602	
Purpose of Disbursement 60 second commercial	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 190 <b>Transaction ID : B-E-148</b>
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement Fees for transaction	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 212.5 <b>Transaction ID : B-E-159</b>
City Washington	State DC Zip Code 20003-1164	
Purpose of Disbursement 5 percent transaction fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1902.50
<b>TOTAL</b> 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 25 OF 59			
	<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)  
**Joyce Washington for Congress**

**A. Aristotle International**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Contracted Amount

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) Special 2013

State: District:

Date of Disbursement: 02 / 15 / 2013

Amount of Each Disbursement this Period: 500

Transaction ID : B-E-167

Category/Type: 001

**B. Aristotle International**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement 500 set up and 1875 usage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) Special 2013

State: District:

Date of Disbursement: 02 / 16 / 2013

Amount of Each Disbursement this Period: 1000

Transaction ID : B-E-175

Category/Type: 001

**C. Aristotle International**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement transaction fee of 5%

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) Special 2013

State: District:

Date of Disbursement: 02 / 19 / 2013

Amount of Each Disbursement this Period: 30.5

Transaction ID : B-E-207

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 1530.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2013</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>155</b> <b>Transaction ID : B-E-259</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement <b>Fundraising: Transaction fee</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2013</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2013</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>1375</b> <b>Transaction ID : B-E-168</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement <b>500 set up and 1875 usage</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2013</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2013</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-21</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement <b>Contracted Amount</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2013</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2530.00</b>
<b>TOTAL</b> 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 27 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2013</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>22.5</b> <b>Transaction ID : B-E-268</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Purpose of Disbursement <b>5% transaction fee</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2013</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2013</b>
Mailing Address <b>2727 S 48th Street</b>		Amount of Each Disbursement this Period <b>25</b> <b>Transaction ID : B-E-161</b>
City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85282-3126</b>	Purpose of Disbursement <b>Cost to wire 85K</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2013</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2013</b>
Mailing Address <b>2727 S 48th Street</b>		Amount of Each Disbursement this Period <b>20</b> <b>Transaction ID : B-E-164</b>
City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85282-3126</b>	Purpose of Disbursement <b>2 \$10 fees for cahiers checks</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2013</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>67.50</b>
<b>TOTAL</b> 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 28 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 2727 S 48th Street		Amount of Each Disbursement this Period ..... 12
City State Zip Code Tempe AZ 85282-3126	Purpose of Disbursement Not sure why they charged this	
Candidate Name	001 Category/Type	Transaction ID : B-E-241
Office Sought: House Senate President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2013
Mailing Address 2727 S 48th Street		Amount of Each Disbursement this Period ..... 20
City State Zip Code Tempe AZ 85282-3126	Purpose of Disbursement Advertising: Fees for 2 cashiers checks	
Candidate Name	004 Category/Type	Transaction ID : B-E-205
Office Sought: House Senate President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>c. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013
Mailing Address 2727 S 48th Street		Amount of Each Disbursement this Period ..... 30
City State Zip Code Tempe AZ 85282-3126	Purpose of Disbursement Fees for 2 cashiers cks	
Candidate Name	001 Category/Type	Transaction ID : B-E-221
Office Sought: House Senate President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 62.00
<b>TOTAL</b> 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 29 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2013
Mailing Address 2727 S 48th Street		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-218</b>
City Tempe	State AZ	
Purpose of Disbursement fee for cashiers check		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 2727 S 48th Street		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-243</b>
City Tempe	State AZ	
Purpose of Disbursement Other: Cashiers chk for W. Norels		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Bank Of America</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 2727 S 48th Street		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-244</b>
City Tempe	State AZ	
Purpose of Disbursement Other: fee for cashiers ck - William		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.00
<b>TOTAL</b> 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 30 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bemote, Llc</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2013
Mailing Address 7070 NW 23rd Way		Amount of Each Disbursement this Period 1250 <b>Transaction ID : B-E-145</b>
City Gainesville State FL Zip Code 32653-1636	Purpose of Disbursement Advertising: Social media work Candidate Name Category/Type 004	
Office Sought: House Senate President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>B. Bemote, Llc</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2013
Mailing Address 7070 NW 23rd Way		Amount of Each Disbursement this Period 1250 <b>Transaction ID : B-E-172</b>
City Gainesville State FL Zip Code 32653-1636	Purpose of Disbursement balance for social media work Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>c. BTP Graphics</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2013
Mailing Address 2537 W Fullerton Avenue		Amount of Each Disbursement this Period 1950 <b>Transaction ID : B-E-198</b>
City Chicago State IL Zip Code 60647-3126	Purpose of Disbursement Advertising: Walk pieces Candidate Name Category/Type 004	
Office Sought: House Senate President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4450.00
<b>TOTAL</b> 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 31 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. BTP Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2013
Mailing Address 2537 W Fullerton Avenue		Amount of Each Disbursement this Period 20931 <b>Transaction ID : B-E-224</b>
City Chicago State IL Zip Code 60647-3126	Purpose of Disbursement Other: Mail pieces on gun violence	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BTP Graphics</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2013
Mailing Address 2537 W Fullerton Avenue		Amount of Each Disbursement this Period 6850 <b>Transaction ID : B-E-230</b>
City Chicago State IL Zip Code 60647-3126	Purpose of Disbursement Advertising: Walk pcs and palm cards	
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Buzzops</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 6348 N Milwaukee Avenue # 337		Amount of Each Disbursement this Period 85000 <b>Transaction ID : B-E-160</b>
City Chicago State IL Zip Code 60646-3728	Purpose of Disbursement TV ads thru rest of campaign	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112781.00
<b>TOTAL</b> 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 32 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. F &amp; F Productions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2013</b>
Mailing Address 990 Hovey Street		Amount of Each Disbursement this Period <b>250</b> Transaction ID : B-E-260
City Gary	State IN Zip Code 46406-2168	
Purpose of Disbursement Advertising: Music behind 2nd TV ad		Category/Type <b>004</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2013</b>
Mailing Address 2323 172nd Street		Amount of Each Disbursement this Period <b>100</b> Transaction ID : B-E-147
City Lansing	State IL Zip Code 60438-6003	
Purpose of Disbursement Campaign meeting - 5:00 pm		Category/Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Holiday Inn Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2013</b>
Mailing Address 2323 172nd Street		Amount of Each Disbursement this Period <b>1700</b> Transaction ID : B-E-174
City Lansing	State IL Zip Code 60438-6003	
Purpose of Disbursement 2nd months rent		Category/Type <b>001</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2050.00</b>
<b>TOTAL</b> 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 33 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Holiday Inn Express</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2013</b>
Mailing Address <b>2323 172nd Street</b>		Amount of Each Disbursement this Period <b>109.5</b> <b>Transaction ID : B-E-216</b>
City <b>Lansing</b> State <b>IL</b> Zip Code <b>60438-6003</b>	Purpose of Disbursement <b>Field Operations Mtg</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RevelArts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 11 / 2013</b>
Mailing Address <b>315 W Main Street</b>		Amount of Each Disbursement this Period <b>1175</b> <b>Transaction ID : B-E-144</b>
City <b>Westfield</b> State <b>IN</b> Zip Code <b>46074-9549</b>	Purpose of Disbursement <b>Advertising: TV and video production</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Victory Research</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 16 / 2013</b>
Mailing Address <b>201 N Adams Street</b>		Amount of Each Disbursement this Period <b>1500.5</b> <b>Transaction ID : B-E-173</b>
City <b>Westmont</b> State <b>IL</b> Zip Code <b>60559-1452</b>	Purpose of Disbursement <b>Done Monday 2/11/13</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2785.00</b>
<b>TOTAL</b> 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 34 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Victory Research</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2013
Mailing Address 201 N Adams Street		Amount of Each Disbursement this Period 1500.5 <b>Transaction ID : B-E-211</b>
City Westmont	State IL	
Zip Code 60559-1452	Purpose of Disbursement Done on 2.18.13	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Victory Research</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2013
Mailing Address 201 N Adams Street		Amount of Each Disbursement this Period 1317.89 <b>Transaction ID : B-E-212</b>
City Westmont	State IL	
Zip Code 60559-1452	Purpose of Disbursement 4 at 329.47 each	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Victory Research</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address 201 N Adams Street		Amount of Each Disbursement this Period 3115.95 <b>Transaction ID : B-E-257</b>
City Westmont	State IL	
Zip Code 60559-1452	Purpose of Disbursement Other: Final 3 robo calls	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5934.34
<b>TOTAL</b> 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 35 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rev. Larry S Bullock</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2013</b>
Mailing Address 1250 S Grove Avenue Suite 200		Amount of Each Disbursement this Period <b>1500</b> <b>Transaction ID : B-E-219</b>
City Barrington State IL Zip Code 60010-5011	Purpose of Disbursement Travel: Vans for street canvassing Candidate Name Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>B. Rev. Larry S Bullock</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2013</b>
Mailing Address 1250 S Grove Avenue Suite 200		Amount of Each Disbursement this Period <b>671.93</b> <b>Transaction ID : B-E-261</b>
City Barrington State IL Zip Code 60010-5011	Purpose of Disbursement Travel: Balance on renting 3 vans Candidate Name Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>c. Rev. Larry S Bullock</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2013</b>
Mailing Address 1250 S Grove Avenue Suite 200		Amount of Each Disbursement this Period <b>5000</b> <b>Transaction ID : B-E-270</b>
City Barrington State IL Zip Code 60010-5011	Purpose of Disbursement Campaign Event: Guiding ground crew Candidate Name Category/Type <b>007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7171.93</b>
<b>TOTAL</b> 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 36 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Carlos D Estes</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2013
Mailing Address 629 E 102nd Street		Amount of Each Disbursement this Period 7500 <b>Transaction ID : B-E-162</b>
City Chicago	State IL Zip Code 60628-2201	
Purpose of Disbursement Other: Field Operations - Will, Kanka		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Carlos D Estes</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2013
Mailing Address 629 E 102nd Street		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-200</b>
City Chicago	State IL Zip Code 60628-2201	
Purpose of Disbursement Advertising: Street Canvassing		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marquita Gill</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2013
Mailing Address 7734 S Marquette Avenue Apt. 3		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-166</b>
City Chicago	State IL Zip Code 60649-4704	
Purpose of Disbursement Canvassing wk of 2/11		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marquita Gill</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2013
Mailing Address 7734 S Marquette Avenue Apt. 3		Amount of Each Disbursement this Period 60.29 <b>Transaction ID : B-E-277</b>
City Chicago	State IL Zip Code 60649-4704	
Purpose of Disbursement Reimbursed for volunteer expen		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miss Belinda L Harris</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2013
Mailing Address 22 Remington Court		Amount of Each Disbursement this Period 375 <b>Transaction ID : B-E-158</b>
City Stafford	State VA Zip Code 22554-8804	
Purpose of Disbursement payments 3 and 4		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Miss Belinda L Harris</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2013
Mailing Address 22 Remington Court		Amount of Each Disbursement this Period 187.5 <b>Transaction ID : B-E-250</b>
City Stafford	State VA Zip Code 22554-8804	
Purpose of Disbursement 2.11 thru 2.17 None thru 2.24		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	622.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Rod L Mccullum</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 201 N Adams Street		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-165</b>
City Westmont	State IL	
Zip Code 60559-1452	Purpose of Disbursement 3rd of 4 payments	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rod L Mccullum</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2013
Mailing Address 201 N Adams Street		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-214</b>
City Westmont	State IL	
Zip Code 60559-1452	Purpose of Disbursement Administrative/Salary/Overhead: 4th of 4	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-267</b>
City Farmington Hills	State MI	
Zip Code 48335-4733	Purpose of Disbursement Fundraising: 855 Number	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 20.25 <b>Transaction ID : B-E-275</b>
City Farmington Hills State MI Zip Code 48335-4733	Purpose of Disbursement Monthly service fee for Jan 7- Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 19.39 <b>Transaction ID : B-E-276</b>
City Farmington Hills State MI Zip Code 48335-4733	Purpose of Disbursement Monthly service fee for Feb 7- Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 28.63 <b>Transaction ID : B-E-63</b>
City Farmington Hills State MI Zip Code 48335-4733	Purpose of Disbursement Fee for 855 number Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 18.95
City Farmington Hills State MI Zip Code 48335-4733	Purpose of Disbursement Initial Fund Raising Letters	
Candidate Name	Category/Type 003	Transaction ID : B-E-64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 25.71
City Farmington Hills State MI Zip Code 48335-4733	Purpose of Disbursement Reserve 2nd url	
Candidate Name	Category/Type 001	Transaction ID : B-E-65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. Clarence Nixon Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 33589 Cadillac Street		Amount of Each Disbursement this Period 14.98
City Farmington Hills State MI Zip Code 48335-4733	Purpose of Disbursement Fundraising: website fee	
Candidate Name	Category/Type 003	Transaction ID : B-E-66
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.64
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. William Norels</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address 1627 E 74th Place		Amount of Each Disbursement this Period 1900 <b>Transaction ID : B-E-163</b>
City Chicago	State IL Zip Code 60649-3601	
Purpose of Disbursement Other: Field Operations - South Subur		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. William Norels</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2013
Mailing Address 1627 E 74th Place		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-199</b>
City Chicago	State IL Zip Code 60649-3601	
Purpose of Disbursement Advertising: Street Canvassing		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. William Norels</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013
Mailing Address 1627 E 74th Place		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-222</b>
City Chicago	State IL Zip Code 60649-3601	
Purpose of Disbursement Street Canvassing		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. William Norels</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2013
Mailing Address 1627 E 74th Place		Amount of Each Disbursement this Period 8000 <b>Transaction ID : B-E-217</b>
City Chicago	State IL Zip Code 60649-3601	
Purpose of Disbursement Campaign Event: Street Canvassing		Category/ Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. William Norels</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 1627 E 74th Place		Amount of Each Disbursement this Period 10000 <b>Transaction ID : B-E-242</b>
City Chicago	State IL Zip Code 60649-3601	
Purpose of Disbursement Other: street canvassing - workers		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. William Norels</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 1627 E 74th Place		Amount of Each Disbursement this Period 8500 <b>Transaction ID : B-E-246</b>
City Chicago	State IL Zip Code 60649-3601	
Purpose of Disbursement Other: Cash for election day workers		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs Joyce E Price</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 928.23 <b>Transaction ID : B-E-67</b>
City Merrillville	State IN	
Purpose of Disbursement Press Conference Announcement		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mrs Joyce E Price</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 1280 <b>Transaction ID : B-E-68</b>
City Merrillville	State IN	
Purpose of Disbursement Paraphernalia: Fist Walk Pieces		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mrs Joyce E Price</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 2490 <b>Transaction ID : B-E-69</b>
City Merrillville	State IN	
Purpose of Disbursement Paraphernalia: 2nd Printing		Category/ Type 006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4698.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs Joyce E Price</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 760 <b>Transaction ID : B-E-251</b>
City Merrillville	State IN	
Purpose of Disbursement Nextel units for 2.25-26	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>B. Mrs Joyce E Price</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 251 <b>Transaction ID : B-E-253</b>
City Merrillville	State IN	
Purpose of Disbursement Crowne Plaza Chicago Metro - P	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

Full Name (Last, First, Middle Initial) <b>C. Mrs Joyce E Price</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 217 <b>Transaction ID : B-E-254</b>
City Merrillville	State IN	
Purpose of Disbursement Hilton Garden Inn - Kankakee -	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1228.00
<b>TOTAL</b> 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 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mrs Joyce E Price</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 3175.24 <b>Transaction ID : B-E-265</b>
City Merrillville	State IN	
Zip Code 46410-2869	Purpose of Disbursement Election Night Celebration	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mrs Joyce E Price</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2013
Mailing Address 2481 W 63rd Court		Amount of Each Disbursement this Period 217 <b>Transaction ID : B-E-269</b>
City Merrillville	State IN	
Zip Code 46410-2869	Purpose of Disbursement Kankakee Press Conference - no	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ms Josephine Wade</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013
Mailing Address 436 E 79th Street		Amount of Each Disbursement this Period 3800 <b>Transaction ID : B-E-220</b>
City Chicago	State IL	
Zip Code 60619-2820	Purpose of Disbursement Other: Manging steet canvassing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7192.24
<b>TOTAL</b> 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 59	
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms Josephine Wade</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2013
Mailing Address 436 E 79th Street		Amount of Each Disbursement this Period 13000 <b>Transaction ID : B-E-223</b>
City Chicago	State IL Zip Code 60619-2820	
Purpose of Disbursement Managing Carlos Estes team	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms Josephine Wade</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 436 E 79th Street		Amount of Each Disbursement this Period 5950 <b>Transaction ID : B-E-247</b>
City Chicago	State IL Zip Code 60619-2820	
Purpose of Disbursement Other: Cash for Election day - chicag	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ms Josephine Wade</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 436 E 79th Street		Amount of Each Disbursement this Period 550 <b>Transaction ID : B-E-248</b>
City Chicago	State IL Zip Code 60619-2820	
Purpose of Disbursement Other: Cash for election day workers	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special 2013	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19500.00
<b>TOTAL</b> 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 59			
	<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)  
**Joyce Washington for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms Josephine Wade</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2013</b>
Mailing Address <b>436 E 79th Street</b>		Amount of Each Disbursement this Period <b>725</b>
City <b>Chicago</b> State <b>IL</b> Zip Code <b>60619-2820</b>	Transaction ID : <b>B-E-249</b>	
Purpose of Disbursement Other: <b>balance needed for Kankakee</b>	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special 2013</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>725.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>229988.94</b>

**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)

Transaction ID : SC/10-L1

Joyce Washington for Congress

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

[PERSONAL FUNDS]

Election: 2013

Ms Joyce W Washington

Primary

General

Other (specify) ▼

Special 2013

Mailing Address  
2400 E 74th Street

City State ZIP Code  
Chicago IL 60649-3988

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
50000 0 50000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

10

2013

3/28/2013

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).....

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)

Transaction ID : SC/10-L3

Joyce Washington for Congress

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

[PERSONAL FUNDS]

Election: 2013

Ms Joyce W Washington

Primary

General

Other (specify) ▼

Special 2013

Mailing Address

2400 E 74th Street

City

State

ZIP Code

Chicago

IL

60649-3988

Original Amount of Loan

50000

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

50000

**TERMS**

Date Incurred

01 / 25 / 2013

Date Due

/ / 2/5/2013

Interest Rate

0.00 % (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

50000.00

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

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)

Transaction ID : SC/10-L4

Joyce Washington for Congress

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

Mr. Curtis H Webb

Election: 2013

Primary

General

Other (specify) ▼

Special 2013

Mailing Address

668 Chapel Point Lane

City

State

ZIP Code

Knoxville

TN

37934-1675

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2500

0

2500

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

02 / 03 / 2013

3/31/2013

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)..... ▶

2500.00

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

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

**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) **Joyce Washington for Congress** Transaction ID : **SC/10-L5**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Ms Joyce W Washington</b>	<b>[PERSONAL FUNDS]</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special 2013
Mailing Address 2400 E 74th Street		

City	State	ZIP Code
Chicago	IL	60649-3988

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000	0	50000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 04 / Y 2013	M M / D D / Y 3/31/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width:100%" type="text"/>

**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

NAME OF COMMITTEE (In Full) **Joyce Washington for Congress** Transaction ID : **SC/10-L6**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. Jeffries A Webb</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special 2013
Mailing Address 5712 Spring House Way	

City	State	ZIP Code
Brentwood	TN	37027-4339

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500	0	2500

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 06 / Y 2013	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	2500.00
<b>TOTALS</b> 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)

Transaction ID : SC/10-L8

Joyce Washington for Congress

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

[PERSONAL FUNDS]

Election: 2013

Ms Joyce W Washington

Primary

General

Other (specify) ▼

Special 2013

Mailing Address  
2400 E 74th Street

City State ZIP Code  
Chicago IL 60649-3988

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
10000 0 10000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

02

06

2013

3/31/2013

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) **Joyce Washington for Congress** Transaction ID : **SC/10-L9**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Ms Joyce W Washington</b>	<b>[PERSONAL FUNDS]</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special 2013
Mailing Address 2400 E 74th Street		

City	State	ZIP Code
Chicago	IL	60649-3988

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000	0	75000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 12 / Y 2013	M M / D D / Y 3/31/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width:100%" type="text"/>

**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**

NAME OF COMMITTEE (In Full) **Joyce Washington for Congress** Transaction ID : **SC/10-L10**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Ms Joyce W Washington</b>	<b>[PERSONAL FUNDS]</b>	Election: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special 2013
Mailing Address 2400 E 74th Street		

City	State	ZIP Code
Chicago	IL	60649-3988

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000	0	100000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 19 / Y 2013	M M / D D / Y 3/31/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="100000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="340000.00"/>
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)

**Joyce Washington for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ms Joyce W Washington</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Polling
Mailing Address 2400 E 74th Street		
City State	Zip Code	
Chicago IL	60649-3988	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT73</b>	
<input type="text" value="4100"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="4100"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pete Dagher</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: For services 12.22 to 1.12
Mailing Address 9232 Keating Avenue		
City State	Zip Code	
Skokie IL	60076-1525	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT22</b>	
<input type="text" value="4125"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="4125"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Aristotle International</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Contracted Amount
Mailing Address 205 Pennsylvania Avenue SE		
City State	Zip Code	
Washington DC	20003-1164	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT167</b>	
<input type="text" value="1500"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="1500"/>	<input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="8225.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 59
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Joyce Washington for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mr. Curtis H Webb</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Reimbursed for payments he made
Mailing Address 668 Chapel Point Lane	
City State Zip Code Knoxville TN 37934-1675	

Outstanding Balance Beginning This Period 1000	<b>Transaction ID : SD10-DEBT71</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 1000

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dr. Clarence Nixon Jr.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Reserve 2nd url
Mailing Address 33589 Cadillac Street	
City State Zip Code Farmington Hills MI 48335-4733	

Outstanding Balance Beginning This Period 54.34	<b>Transaction ID : SD10-DEBT65</b>	
Amount Incurred This Period 0	Payment This Period 54.34	Outstanding Balance at Close of This Period 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mr Corey Dabney</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Charging phones for 2nd month
Mailing Address 2580 Needham Court	
City State Zip Code Aurora IL 60503-6223	

Outstanding Balance Beginning This Period 1739.84	<b>Transaction ID : SD10-DEBT262</b>	
Amount Incurred This Period 844.23	Payment This Period 0	Outstanding Balance at Close of This Period 2584.07

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3584.07
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

**Joyce Washington for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mrs Joyce E Price</b>		Nature of Debt (Purpose): Advertising: Press Conference - Kankakee
Mailing Address 2481 W 63rd Court		
City State	Zip Code	
Merrillville IN	46410-2869	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT264</b>	
<input type="text" value="928.23"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="928.23"/>	<input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dr. Clarence Nixon Jr.</b>		Nature of Debt (Purpose): Fundraising: website fee
Mailing Address 33589 Cadillac Street		
City State	Zip Code	
Farmington Hills MI	48335-4733	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT66</b>	
<input type="text" value="33.93"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="33.93"/>	<input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mrs Joyce E Price</b>		Nature of Debt (Purpose): Paraphernalia: 2nd Printing
Mailing Address 2481 W 63rd Court		
City State	Zip Code	
Merrillville IN	46410-2869	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT69</b>	
<input type="text" value="3770"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="3770"/>	<input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)

**Joyce Washington for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ms Joyce W Washington</b>		Nature of Debt (Purpose): Polling: Petition Signatures
Mailing Address 2400 E 74th Street		
City State	Zip Code	
Chicago IL	60649-3988	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT75</b>	
1500	Amount Incurred This Period	Payment This Period
	0	0
		Outstanding Balance at Close of This Period
		1500

B. 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

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	1500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	13309.07
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	340000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	353309.07