

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Bert Miller for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 27 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	71950.00	412200.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	71950.00	412200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	152689.47	450401.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	152689.47	450401.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35798.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bert Miller 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).....	67750.00	396400.00
(ii) Unitemized.....	1200.00	7550.00
(iii) TOTAL of contributions from individuals ▶	68950.00	403950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	8250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71950.00	412200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	25000.00	75000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	25000.00	75000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	96950.00	487200.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	152689.47	450401.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	152689.47	451401.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91537.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	96950.00
25. SUBTOTAL (add Line 23 and Line 24).....	188487.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	152689.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35798.33

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

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

FOR LINE NUMBER: PAGE 5 OF 46
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

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

Mailing Address 156 WOODSTOCK

City State Zip Code
KENILWORTH IL 60043-1235

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

Name of Employer Occupation
SLOAN VALVE COMPANY EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2014

Transaction ID : SA11.340

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

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

Mailing Address 156 WOODSTOCK

City State Zip Code
KENILWORTH IL 60043-1235

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2014

Transaction ID : SA11.414

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION FROM SPOUSE**

C. Full Name (Last, First, Middle Initial)
MRS. MARY V. ANDRINGA

Mailing Address 10682 NE 46TH AVE.

City State Zip Code
MITCHELLVILLE IA 50169-9500

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

Name of Employer Occupation
VERMEER CORPORATION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.427

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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 6 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address 705 KENMARE DR.

City State Zip Code
BURR RIDGE IL 60527-7068

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11.377

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAY D. BERGMAN

Mailing Address 108 E OGDEN

City State Zip Code
HINSDALE IL 60521-3572

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

Name of Employer Occupation
PETCO PETROLEUM CORP. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.353

Amount of Each Receipt this Period
1600.00

CONTRIBUTION

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

Mailing Address 1160 RADFORD DRIVE

City State Zip Code
AURORA IL 60502-1306

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.407

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

2600.00

**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 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MS. PATRICIA BIDWILL

Mailing Address 730 GLENVIEW RD.

City State Zip Code
GLENVIEW IL 60025-3264

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11.366

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LISA S. BONNER

Mailing Address 1919 N DAYTON ST

City State Zip Code
CHICAGO IL 60614-5028

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.372

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN B. BONNER

Mailing Address 1919 N DAYTON ST.

City State Zip Code
CHICAGO IL 60614-5028

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

Name of Employer Occupation
CANCER TREATMENT CENTERS OF AMERIC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.371

Amount of Each Receipt this Period
1600.00

CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address **55 HUNTINGTON CT**

City **BURR RIDGE** State **IL** Zip Code **60527-6451**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.410

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DEAN BUNTROCK

Mailing Address **ONE TOWER LN., STE. 2242**

City **OAKBROOK TERRACE** State **IL** Zip Code **60181-4636**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11.361

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER B. BURKE

Mailing Address **8S201 COLLEGE RD.**

City **NAPERVILLE** State **IL** Zip Code **60540-9400**

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

Name of Employer **SELF EMPLOYED** Occupation **ENGINEER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.354

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) MR. KEITH CARMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 507 TOMAH AVE.		Transaction ID : SA11.428
City PROSPECT HEIGHTS	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer STANDFAST	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) DOUGLAS CLEVELAND		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 725 S GARFIELD AVE.		Transaction ID : SA11.432
City HINSDALE	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) MARK CORDOVA		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 5550 JOLIET STREET		Transaction ID : SA11.399
City DENVER	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MR. PAUL DARLING

Mailing Address 915 OTTAWA LN.

City State Zip Code
WILMETTE IL 60091-1221

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

Name of Employer Occupation
COREY STEEL COMPANY PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11.357

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 1428 SIEBERT CT.

City State Zip Code
NAPERVILLE IL 60565-6783

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

Name of Employer Occupation
DEGEETER PROPERTIES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.356

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 2224 RENWICK DRIVE

City State Zip Code
SPRINGFIELD IL 62704-6701

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

Name of Employer Occupation
ILLINOIS MANUFACTURERS' ASSOCIATION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

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

Transaction ID : SA11.346

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM DEVERS

Mailing Address 1200 CENTRAL, STE. 306

City State Zip Code
WILMETTE IL 60091-2687

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

Name of Employer Occupation
DEVERS GROUP, INC. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11.433

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 65 SPRING CREEK RD

City State Zip Code
BARRINGTON IL 60010-9636

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

Name of Employer Occupation
THE DUCHOSSOIS CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.338

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JEFFREY EDWARDS

Mailing Address 4514 CROSS CREEK DR.

City State Zip Code
ANN ARBOR MI 48108-9729

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.426

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 46
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
GAIL F. ELMORE

Mailing Address 301 BURR RIDGE CLUB DR

City Burr Ridge State IL Zip Code 60527-5275

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11.393

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 1683 BEAVER POND RD.

City Inverness State IL Zip Code 60067-4433

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11.431

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JIM S. FRANK

Mailing Address 666 GARLAND PL

City Des Plaines State IL Zip Code 60016-4725

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

Name of Employer WHEELS INC. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.375

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address **71 S WACKER DR.**

City **CHICAGO** State **IL** Zip Code **60606-4637**

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

Name of Employer **HARRISON STREET CAPITAL** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11.362

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

Mailing Address **333 PINE ST**

City **FRUITPORT** State **MI** Zip Code **49415-9638**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.403

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address **P.O.BOX 1052**

City **COVINGTON** State **KY** Zip Code **41012-1052**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.395

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address 2640 MERCHANT DR.

City State Zip Code
BALTIMORE MD 21230-3307

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.283

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address 2640 MERCHANT DR.

City State Zip Code
BALTIMORE MD 21230-3307

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.396

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN P. GRUBE

Mailing Address 208 E SIXTH ST.

City State Zip Code
HINSDALE IL 60521-4611

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11.368

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address **740 S GARFIELD ST**

City **HINSDALE** State **IL** Zip Code **60521-4425**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.352

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **352 DEEP WOOD**

City **BARRINGTON** State **IL** Zip Code **60010-8618**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

Transaction ID : SA11.376

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SEE REATTRIBUTION

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

Mailing Address **352 DEEPWOOD**

City **BARRINGTON** State **IL** Zip Code **60010-8618**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

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

Transaction ID : SA11.378

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED
 (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MARILYN HAYDEN

Mailing Address 352 DEEP WOOD

City BARRINGTON State IL Zip Code 60010-8618

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

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

Transaction ID : SA11.376B

Amount of Each Receipt this Period
 -400.00

CONTRIBUTION

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

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

Mailing Address 832 BRYANT AVE

City WINNETKA State IL Zip Code 60093-1952

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : SA11.385

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LESLIE S. HICKEY

Mailing Address 8497 OMAHA DR

City BURR RIDGE State IL Zip Code 60527-0819

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.370

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
ROGER HRUBY

Mailing Address 7055 VETERANS BLVD.

City State Zip Code
BURR RIDGE IL 60527-5634

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.388

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

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

Mailing Address 7055 VETERANS BLVD.

City State Zip Code
BURR RIDGE IL 60527-5634

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.406

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

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

Mailing Address 45 E BELLEVUE, 2ND FLOOR

City State Zip Code
CHICAGO IL 60611-1133

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

Name of Employer Occupation
HUB INTERNATIONAL, LTD. EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.359

Amount of Each Receipt this Period
CONTRIBUTION
250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) HEIDI HUIZENGA		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2013	
Mailing Address 2215 YORK ROAD, STE. 500		Transaction ID : SA11.434	
City OAK BROOK	State IL	Zip Code 60523-4014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		CONTRIBUTION [MEMO ITEM]	

Full Name (Last, First, Middle Initial) HEIDI HUIZENGA		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 2215 YORK ROAD, STE. 500		Transaction ID : SA11.434B	
City OAK BROOK	State IL	Zip Code 60523-4014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION TO PRIMARY	

Full Name (Last, First, Middle Initial) HEIDI HUIZENGA		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 2215 YORK ROAD, STE. 500		Transaction ID : SA11.435	
City OAK BROOK	State IL	Zip Code 60523-4014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
		CONTRIBUTION [MEMO ITEM] REDESIGNATION FROM GENERAL	

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address 2215 YORK RD., STE. 500

City OAK BROOK State IL Zip Code 60523-4014

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

Name of Employer HCM Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11.195

Amount of Each Receipt this Period
 -2600.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

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

Mailing Address 4110 COUNTY LINE ROAD

City CARSON CITY State NV Zip Code 89703-9456

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.282

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDGAR JANNOTTA

Mailing Address 1175 WHITEBRIDGE HILL

City WINNETKA State IL Zip Code 60093-1547

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

Name of Employer WILLIAM BLAIR & CO. Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11.363

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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

2850.00

**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 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT JENSEN

Mailing Address **8S223 DERBY DRIVE**

City **NAPERVILLE** State **IL** Zip Code **60540-9551**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : SA11.345

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD L. KAPLAN

Mailing Address **25 LAKEWOOD PL**

City **HIGHLAND PARK** State **IL** Zip Code **60035-5007**

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

Name of Employer **ZEBRA TECHNOLOGIES** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11.384

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WALTER P. KRAUSS

Mailing Address **PO BOX 10**

City **LAKE FOREST** State **IL** Zip Code **60045-0010**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.369

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
JAY F. KREHBIEL

Mailing Address 1530 N STATE PKWY APT 12

City State Zip Code
CHICAGO IL 60610-8619

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

Name of Employer Occupation
KF PARTNERS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.374

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 906 S GRANT

City State Zip Code
HINSDALE IL 60521-4545

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.401

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KIRK LIDDELL

Mailing Address 175 RIVER HILL RD.

City State Zip Code
CONESTOGA PA 17516-9772

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

Name of Employer Occupation
KYNYMONT CONNEMERAS, LLC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.419

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

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

3900.00

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

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

FOR LINE NUMBER: PAGE 22 OF 46
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MR. ALFONSO LUBRANO

Mailing Address **24 BRIARFIELD RD.**

City **BARRINGTON** State **RI** Zip Code **02806-5014**

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

Name of Employer **TECHNICAL MATERIAL, INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.422

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **582 DALEWOOD LANE**

City **HINSDALE** State **IL** Zip Code **60521-4731**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11.405

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **706 MCKINLEY LANE**

City **HINSDALE** State **IL** Zip Code **60521-4829**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 27 / 2014

Transaction ID : SA11.287

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1250.00

**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 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MR. DONALD MCNEELEY

Mailing Address 5432 BENDING OAKS PL.

City Downers Grove State IL Zip Code 60515-4457

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

Name of Employer CHICAGO TUBE & IRON Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11.365

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

Mailing Address 105 EAST FIRST STREET

City Hinsdale State IL Zip Code 60521-4249

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

Name of Employer CTLC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11.411

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 821 KEMPTON RD.

City Knoxville State TN Zip Code 37909-2128

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

Name of Employer CAPELLA HEALTHCARE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.424

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
BARRY MERKIN

Mailing Address 1555 ASTOR STREET

City CHICAGO State IL Zip Code 60610-1673

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 22 / 2014

Transaction ID : SA11.413

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address 7417 PARK TERRACE DRIVE

City ALEXANDRIA State VA Zip Code 22307-2040

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.398

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address 7042 N KELLER AVENUE

City LINCOLNWOOD State IL Zip Code 60712-2318

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

Name of Employer METRO LIMOUSINE Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11.350

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address **1211 BRAEBURN AVE**

City **FLOSSMOOR** State **IL** Zip Code **60422-1620**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.409

Amount of Each Receipt this Period
1200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GERALD PALMER

Mailing Address **3604 SCOTTSDALE CIR**

City **NAPERVILLE** State **IL** Zip Code **60564-4629**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : SA11.408

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **120 S RIVERSIDE PLAZA**

City **CHICAGO** State **IL** Zip Code **60606-3913**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11.342

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
JEFFREY PIERCE

Mailing Address 1332 W BELMONT AVENUE

City CHICAGO State IL Zip Code 60657-3209

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.397

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 1358

City WINDHAM State ME Zip Code 04062-1358

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2014

Transaction ID : SA11.412

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 2 SOUTH COVE DRIVE

City SOUTH BARRINGTON State IL Zip Code 60010-9592

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11.343

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
JEANNINE RIVET

Mailing Address 4305 TRILLIUM WAY

City State Zip Code
MINNETRISTA MN 55364-7708

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2014

Transaction ID : SA11.344

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

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

Mailing Address 425 E 1ST STREET

City State Zip Code
HINSDALE IL 60521-4206

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11.286

Amount of Each Receipt this Period
CONTRIBUTION
250.00

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

Mailing Address 644 DALEWOOD LN.

City State Zip Code
HINSDALE IL 60521-4732

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

Name of Employer Occupation
RCGF, LLC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11.358

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MRS. KATHLEEN SCHAEFFER

Mailing Address 650 DALEWOOD LN.

City HINSDALE State IL Zip Code 60521-4732

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.429

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STRATFORD SHIELDS

Mailing Address 845 W BELDEN AVE.

City CHICAGO State IL Zip Code 60614-3240

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

Name of Employer MORGAN STANLEY Occupation INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.430

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. QUINN STEPAN JR.

Mailing Address 1721 SHORE ACRES DR.

City LAKE BLUFF State IL Zip Code 60044-1356

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

Name of Employer STEPAN COMPANY Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11.367

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 29 OF 46
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MRS. JAMIE STEPHENSON

Mailing Address 38550 N CASHMORE RD.

City State Zip Code
WADSWORTH IL 60083-9218

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

Name of Employer Occupation
PATIENT FIRST EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.360

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1114 SHERIDAN RD

City State Zip Code
GLENCOE IL 60022-1248

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

Name of Employer Occupation
KAPSTONE PAPER EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11.390

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

Mailing Address 1114 SHERIDAN RD

City State Zip Code
GLENCOE IL 60022-1248

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11.391

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46
	<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)
Bert Miller for Congress

A. Full Name (Last, First, Middle Initial)
MS. URSULA WAGSTAFF-KUSTER

Mailing Address P.O. BOX 676268

City RANCHO SANTA FE State CA Zip Code 92067-6268

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : SA11.423

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 3 CHARLESTON RD

City HINSDALE State IL Zip Code 60521-5003

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.339

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address WEAVER BOOS CONSULTANTS

City CHICAGO State IL Zip Code 60601-

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11.404

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address 10 FOXGLOVE COURT

City State Zip Code
STREAMWOOD IL 60107-3349

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

Name of Employer Occupation
QUALITY FLOAT WORKS EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.402

Amount of Each Receipt this Period
 CONTRIBUTION
500.00

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

Mailing Address 821 WELLINGTON

City State Zip Code
BALTIMORE MD 21212-1931

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.394

Amount of Each Receipt this Period
 CONTRIBUTION
500.00

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

Mailing Address 2500 N FRONTAGE RD

City State Zip Code
DARIEN IL 60561-1511

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

Name of Employer Occupation
WRIGHT & CO OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.373

Amount of Each Receipt this Period
 CONTRIBUTION
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address 2430 WENDOVER DRIVE

City NAPERVILLE State IL Zip Code 60565-3255

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11.284

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JUDITH ZELISKO

Mailing Address 710 S RIDGE RD.

City LAKE FOREST State IL Zip Code 60045-2754

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

Name of Employer Occupation
BRUNSWICK CORPORATION ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.425

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

67750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bert Miller for Congress

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

Mailing Address P.O. BOX 1470

City State Zip Code
DECATUR IL 62525-1820

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.417

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIR PRODUCTS POLITICAL ALLIANCE PAC

Mailing Address P.O. BOX 441

City State Zip Code
TREXLERTOWN PA 18087-0441

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11.418

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EASTMAN CHEMICAL CO PAC

Mailing Address PO BOX 431

City State Zip Code
KINGSPORT TN 37662-0431

FEC ID number of contributing federal political committee. **C** C00113159

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2014

Transaction ID : SA11.392

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

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

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

3000.00

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
	<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)
Bert Miller for Congress

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

Mailing Address **PO BOX 5873**

City **NAPERVILLE** State **IL** Zip Code **60567**

FEC ID number of contributing federal political committee. **C C00551473**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
75000.00

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

Transaction ID : SA13A.81

Amount of Each Receipt this Period
25000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

25000.00

25000.00

**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 35 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. GIULIA VOLINI		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address PO BOX 5873		Amount of Each Disbursement this Period 1116.25 Transaction ID : SB17.I107
City NAPERVILLE	State IL	
Zip Code 60567	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. GIULIA VOLINI		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO BOX 5873		Amount of Each Disbursement this Period 1116.25 Transaction ID : SB17.I84
City NAPERVILLE	State IL	
Zip Code 60567	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. GIULIA VOLINI		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address PO BOX 5873		Amount of Each Disbursement this Period 1116.25 Transaction ID : SB17.I89
City NAPERVILLE	State IL	
Zip Code 60567	Purpose of Disbursement SALARY	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3348.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. GIULIA VOLINI		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address PO BOX 5873		Amount of Each Disbursement this Period 10.27 Transaction ID : SB17.I99
City NAPERVILLE	State IL	
Zip Code 60567	Purpose of Disbursement EXPENSE REIMBURSEMENT-NO ITEMIZATION NECESSARY	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. CARDMEMBER SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address PO BOX 790408		Amount of Each Disbursement this Period 5000.63 Transaction ID : SB17.I96
City ST. LOUIS	State MO	
Zip Code 63179	Purpose of Disbursement SEE BELOW	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CARDMEMBER SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address PO BOX 790408		Amount of Each Disbursement this Period 3507.03 Transaction ID : SB17.I97
City ST. LOUIS	State MO	
Zip Code 63179	Purpose of Disbursement SEE BELOW	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8517.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I108
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement SOFTWARE	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. ESSINGTON ASSOCIATES 90, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 420 TIMBERLINE DR		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.I64
City JOLIET	State IL Zip Code 60431	
Purpose of Disbursement RENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JC CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 5784 FOXFIELD LN		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.I100
City LAKE IN THE HILLS	State IL Zip Code 60156	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11398.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. KELMSCOTT COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 1665 MALLETT RD			Amount of Each Disbursement this Period 6765.57 Transaction ID : SB17.I65
City AURORA	State IL	Zip Code 60505	
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. KELMSCOTT COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1665 MALLETT RD			Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.I82
City AURORA	State IL	Zip Code 60505	
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MACK COMMUNICATIONS			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 6508 GREENE RD			Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I101
City WOODRIDGE	State IL	Zip Code 60517-5402	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	11900.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. MACK COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 6508 GREENE RD		Amount of Each Disbursement this Period 5060.00
City WOODRIDGE	State IL	
Zip Code 60517-5402	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.I91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2211 N FIRST ST		Amount of Each Disbursement this Period 51.10
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement TRANSACTION FEES	Transaction ID : SB17.I111
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 2211 N FIRST ST		Amount of Each Disbursement this Period 7.55
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement TRANSACTION FEES	Transaction ID : SB17.I112
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5118.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 2211 N FIRST ST		Amount of Each Disbursement this Period 133.03 Transaction ID : SB17.I80
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement TRANSACTION FEES	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. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 2211 N FIRST ST		Amount of Each Disbursement this Period 329.05 Transaction ID : SB17.I90
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement TRANSACTION FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PERMA GRAPHIC PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 216 N MARLEY RD		Amount of Each Disbursement this Period 133.75 Transaction ID : SB17.I103
City NEW LENOX	State IL	
Zip Code 60451	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	595.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 46	
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. PHOENIX CLOSURES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 1899 HIGH GROVE LN		Amount of Each Disbursement this Period 89.34 Transaction ID : SB17.I98
City NAPERVILLE	State IL	
Zip Code 60540	Purpose of Disbursement OFFICE EQUIPMENT	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. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 2470 DANIELLS BR RD STE 121		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I66
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. THE CAMPAIGN CONSULTANTS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 911 ADDLEMAN ST		Amount of Each Disbursement this Period 5256.81 Transaction ID : SB17.I104
City JOLIET	State IL	
Zip Code 60431	Purpose of Disbursement STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6846.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 46			
	<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)
Bert Miller for Congress

A. THE CAMPAIGN CONSULTANTS

Full Name (Last, First, Middle Initial)
Mailing Address 911 ADDLEMAN ST

City JOLIET State IL Zip Code 60431

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 02 / 2014

Amount of Each Disbursement this Period: 5180.00

Transaction ID : SB17.I67

B. WOLF COMPANY, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 1901 S. MEYERS RD

City OAK BROOK State IL Zip Code 60181

Purpose of Disbursement PAYROLL EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 28 / 2014

Amount of Each Disbursement this Period: 61.50

Transaction ID : SB17.I105

C. WOLF COMPANY, LLC

Full Name (Last, First, Middle Initial)
Mailing Address 1901 S. MEYERS RD

City OAK BROOK State IL Zip Code 60181

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 28 / 2014

Amount of Each Disbursement this Period: 563.75

Transaction ID : SB17.I106

SUBTOTAL of Disbursements This Page (optional) 5805.25

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. WOLF COMPANY, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1901 S. MEYERS RD		Amount of Each Disbursement this Period 67.50 Transaction ID : SB17.I85
City OAK BROOK	State IL	
Zip Code 60181	Purpose of Disbursement PAYROLL EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. WOLF COMPANY, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1901 S. MEYERS RD		Amount of Each Disbursement this Period 2267.00 Transaction ID : SB17.I86
City OAK BROOK	State IL	
Zip Code 60181	Purpose of Disbursement PAYROLL TAXES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. WOLF COMPANY, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1901 S. MEYERS RD		Amount of Each Disbursement this Period 67.50 Transaction ID : SB17.I87
City OAK BROOK	State IL	
Zip Code 60181	Purpose of Disbursement PAYROLL EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2402.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 46			
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. WOLF COMPANY, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1901 S. MEYERS RD		Amount of Each Disbursement this Period 563.75 Transaction ID : SB17.I94
City OAK BROOK State IL Zip Code 60181	Purpose of Disbursement PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. XPRESS PROFESSIONAL SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 220 E ADAM		Amount of Each Disbursement this Period 21040.05 Transaction ID : SB17.I102
City SPRINGFIELD State IL Zip Code 62701	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. XPRESS PROFESSIONAL SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 220 E ADAM		Amount of Each Disbursement this Period 33448.00 Transaction ID : SB17.I68
City SPRINGFIELD State IL Zip Code 62701	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	55051.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 46	
	<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)
Bert Miller for Congress

Full Name (Last, First, Middle Initial) A. XPRESS PROFESSIONAL SERVICES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 220 E ADAM		Amount of Each Disbursement this Period 41704.54
City SPRINGFIELD State IL Zip Code 62701	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.I92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	41704.54
TOTAL This Period (last page this line number only).....	152689.47

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)
Bert Miller for Congress

Transaction ID : **SC.1**

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

BERT MILLER

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 5873

City State ZIP Code
NAPERVILLE IL 60567

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

TERMS

Date Incurred: M 12 / D 01 / Y 2013
Date Due: M M / D D / ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

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

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