

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Walorski for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	237760.00	1136016.88
(b) Total Contribution Refunds (from Line 20(d))	0.00	2875.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	237760.00	1133141.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	80279.47	511620.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	248.50	1436.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	80030.97	510183.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	783376.05	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Walorski for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	113850.00	551924.01
(ii) Unitemized.....	10760.00	65648.62
(iii) TOTAL of contributions from individuals ▶	124610.00	617572.63
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	113150.00	518444.25
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	237760.00	1136016.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	44549.06
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	248.50	1436.99
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)..... ▶	238008.50	1182002.93

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80279.47	511620.27
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	2125.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2875.00
21. OTHER DISBURSEMENTS	0.00	900.89
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	80279.47	515396.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	625647.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	238008.50
25. SUBTOTAL (add Line 23 and Line 24).....	863655.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80279.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	783376.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address P.O. BOX 961

City State Zip Code
ELKHART IN 46515-0961

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

Name of Employer Occupation
ANDERSON SILVER PLATING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11.19152

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 3351 DEER LAKE DR

City State Zip Code
SOUTH BEND IN 46614-2468

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

Name of Employer Occupation
MICHIANA OMS LLC ORAL SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19495

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALEX M. AZAR II

Mailing Address 7430 WASHINGTON BLVD

City State Zip Code
INDIANAPOLIS IN 46240-3098

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

Name of Employer Occupation
LILLY USA, LLC 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 / 21 / 2014

Transaction ID : SA11.19395

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. E.M. BAKWIN

Mailing Address 433 WEST HIGHWAY 20

City LA PORTE State IN Zip Code 46350-8609

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19204

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 14274 SHORELINE DRIVE

City GRANGER State IN Zip Code 46530-4849

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

Name of Employer COMPLEXUS MEDICAL Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19306

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 520 W. 63RD STREET

City INDIANAPOLIS State IN Zip Code 46260-4722

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

Name of Employer IVY TECH Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.19402

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 15782 KELLY RD

City MISHAWAKA State IN Zip Code 46544-9510

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

Name of Employer BESINGER FARM Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

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

Transaction ID : SA11.19221

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 1601 GREENLEAF BLVD

City ELKHART State IN Zip Code 46514-3720

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
3250.00

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

Transaction ID : SA11.19317

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. BISSELL

Mailing Address 1601 GREENLEAF BLVD

City ELKHART State IN Zip Code 46514-3720

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
3250.00

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

Transaction ID : SA11.19317B

Amount of Each Receipt this Period
 -650.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 8 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM W. BISSELL

Mailing Address 1601 GREENLEAF BLVD

City State Zip Code
ELKHART IN 46514-3720

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
3250.00

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

Transaction ID : SA11.19529

Amount of Each Receipt this Period
650.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MR. MARK D. BOWERSOX

Mailing Address 17008 BITTNER WAY

City State Zip Code
NOBLESVILLE IN 46062-7145

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 / 19 / 2014

Transaction ID : SA11.19385

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN R. BREHMER

Mailing Address 201 SEABREEZE COURT

City State Zip Code
ORCHID FL 32963-9508

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.19288

Amount of Each Receipt this Period
1000.00

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 9 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ALFRED J. BROWN JR.

Mailing Address 59347 PEPPERMINT DRIVE

City State Zip Code
ELKHART IN 46517-9507

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

Name of Employer Occupation
ECA TEACHER

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 / 25 / 2014

Transaction ID : SA11.19169

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 5294 3RD RD

City State Zip Code
BREMEN IN 46506-9007

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

Name of Employer Occupation
BREMEN CASTINGS, INC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11.20390

Amount of Each Receipt this Period
3200.00
CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

C. Full Name (Last, First, Middle Initial)
MR. JAMES E. BROWN

Mailing Address 5294 3RD RD

City State Zip Code
BREMEN IN 46506-9007

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

Name of Employer Occupation
BREMEN CASTINGS, INC CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11.20390B

Amount of Each Receipt this Period
-2600.00
CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED
REDESIGNATION TO GENERAL

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 5294 3RD RD

City Bremen State IN Zip Code 46506-9007

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

Name of Employer BREMEN CASTINGS, INC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
03 / 29 / 2014

Transaction ID : SA11.20394

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. MARYLN M. BROWN

Mailing Address 5294 3RD RD

City Bremen State IN Zip Code 46506-9007

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

Name of Employer BREMEN CASTINGS INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7200.00

Date of Receipt
03 / 19 / 2014

Transaction ID : SA11.19350

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

C. Full Name (Last, First, Middle Initial)
MRS. MARYLN M. BROWN

Mailing Address 5294 3RD RD

City Bremen State IN Zip Code 46506-9007

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

Name of Employer BREMEN CASTINGS INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7200.00

Date of Receipt
03 / 29 / 2014

Transaction ID : SA11.20391

Amount of Each Receipt this Period
200.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

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

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

2200.00

**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 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MARYLN M. BROWN

Mailing Address 5294 3RD RD

City Bremen State IN Zip Code 46506-9007

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

Name of Employer BREMEN CASTINGS INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11.20391B

Amount of Each Receipt this Period
-200.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED
 REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. MARYLN M. BROWN

Mailing Address 5294 3RD RD

City Bremen State IN Zip Code 46506-9007

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

Name of Employer BREMEN CASTINGS INC Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11.20392

Amount of Each Receipt this Period
200.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN J. BROWN

Mailing Address 6765 W 200 N

City ROCHESTER State IN Zip Code 46975-8879

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

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

Transaction ID : SA11.19279

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 7960 N. PENNSYLVANIA STREET

City State Zip Code
INDIANAPOLIS IN 46240-2533

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

Name of Employer Occupation
AMERICAN SURETY COMPANY PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.19216

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREGORY A. CARRIER

Mailing Address 15100 LONGFORD DRIVE

City State Zip Code
GRANGER IN 46530-8227

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

Name of Employer Occupation
LIPPERT COMPONENTS, INC. ACCOUNTANT

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 / 14 / 2014

Transaction ID : SA11.19335

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARTHA R. CASTEEL

Mailing Address 62511 LOCUST RD

City State Zip Code
SOUTH BEND IN 46614-9200

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

Name of Employer Occupation
CASTEEL CONSTRUCTION SECRETARY

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 : SA11.19338

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 13 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. KIMBERLY D. CATES

Mailing Address 12361 N. KINGS DRIVE

City SYRACUSE State IN Zip Code 46567-9747

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

Name of Employer H&R BLOCK Occupation FRANCHISEE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11.19074

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

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

Mailing Address 7354 COTTAGE OAK

City PORTAGE State MI Zip Code 49024-7865

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

Name of Employer SELF Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1750.00**

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

Transaction ID : SA11.19253

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHARLEEN CHILDERS

Mailing Address 5669 E. STATE ROAD 18

City CONVERSE State IN Zip Code 46919-9782

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

Name of Employer CHILDERS FARM, INC. Occupation SECRETARY / TREASURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19101

Amount of Each Receipt this Period
100.00
 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 14 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. CHARLEEN CHILDERS

Mailing Address 5669 E. STATE ROAD 18

City State Zip Code
CONVERSE IN 46919-9782

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

Name of Employer Occupation
CHILDERS FARM, INC. SECRETARY / TREASURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

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

Transaction ID : SA11.19328

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. AL H. CHOITZ

Mailing Address 19110 SUMMERS DR

City State Zip Code
SOUTH BEND IN 46637-3559

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2300.00

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

Transaction ID : SA11.19260

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CARL I. COHEN

Mailing Address 2470 DEBORAH DRIVE

City State Zip Code
BEACHWOOD OH 44122-1602

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

Name of Employer Occupation
KJB, INC. CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11.19386

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

REATTRIBUTION REQUESTED

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 15 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. CARL I. COHEN

Mailing Address **2470 DEBORAH DRIVE**

City **BEACHWOOD** State **OH** Zip Code **44122-1602**

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

Name of Employer **KJB, INC.** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

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

Transaction ID : SA11.19386B

Amount of Each Receipt this Period
-400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION REQUESTED REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. CARL I. COHEN

Mailing Address **2470 DEBORAH DRIVE**

City **BEACHWOOD** State **OH** Zip Code **44122-1602**

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

Name of Employer **KJB, INC.** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

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

Transaction ID : SA11.20387

Amount of Each Receipt this Period
400.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION REQUESTED REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. PHILIP H. COHEN

Mailing Address **1500 OCEAN DRIVE
APT. 903**

City **MIAMI BEACH** State **FL** Zip Code **33139-3133**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19513

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 134
	<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)
Walorski for Congress

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

Mailing Address 3352 TOPSFIELD RD

City SOUTH BEND State IN Zip Code 46614-2357

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19523

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GERALD LEE DAVIS

Mailing Address 23651 STANTON RD

City LAKEVILLE State IN Zip Code 46536-9747

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

Name of Employer LAKE CITY HEAT TREAT CORP Occupation DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19420

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LARRY M. DAVIS

Mailing Address 52740 ASH ROAD

City GRANGER State IN Zip Code 46530-5035

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

Name of Employer DAMAN Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11.19072

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 134
	<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)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MR. LARRY M. DAVIS		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 52740 ASH ROAD		Transaction ID : SA11.19391	
City GRANGER State IN Zip Code 46530-5035	Amount of Each Receipt this Period 100.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer DAMAN Occupation PRESIDENT		
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) B. MRS. SUZANNE DAVIS		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 52740 ASH RD.		Transaction ID : SA11.19153	
City GRANGER State IN Zip Code 46530-5035	Amount of Each Receipt this Period 100.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	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 1200.00		

Full Name (Last, First, Middle Initial) C. MR. THOMAS W. DENT		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 3072 E 1000 N 3072 E 1000 N		Transaction ID : SA11.19293	
City LA PORTE State IN Zip Code 46350-8866	Amount of Each Receipt this Period 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer MORTGAGE REPORTING SERVICE Occupation PRESIDENT		
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).....	450.00
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 18 OF 134
	<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)
Walorski for Congress

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

Mailing Address **8 INDIAN CREEK ISLAND ROAD**

City **INDIAN CREEK VILLAGE** State **FL** Zip Code **33154-2903**

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

Name of Employer **GETAROOM.COM** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11.19116

Amount of Each Receipt this Period
1700.00
 CONTRIBUTION

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

Mailing Address **14147 LAWRENCE LAKE DR.**

City **PLYMOUTH** State **IN** Zip Code **46563-8572**

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

Name of Employer **NORTHERN INDIANA MANUFACTURING INC.** Occupation **PRESIDENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 26 / 2014

Transaction ID : SA11.19177

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. GERARD DUPRAT

Mailing Address **52444 HICKORY RD**

City **GRANGER** State **IN** Zip Code **46530-7433**

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

Name of Employer **RADIOLOGY INC** Occupation **RADIOLOGIST**

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 / 04 / 2014

Transaction ID : SA11.19226

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

2450.00

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MS. LYNN L. EDISON

Mailing Address 60351 SAINT JOSEPH ST

City SOUTH BEND State IN Zip Code 46614-5459

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
250.00

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

Transaction ID : SA11.19205

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JUDITH FARVER

Mailing Address 66231 COUNTY ROAD 21

City GOSHEN State IN Zip Code 46526-7292

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11.19301

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NATHAN J. FELTMAN

Mailing Address 12585 CHYVERTON CIR

City CARMEL State IN Zip Code 46032-8336

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

Name of Employer HOME HEALTH DEPOT Occupation PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.19390

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. LYNN M. FITZPATRICK

Mailing Address 1540 SO. LAKE GEORGE DR

City MISHAWAKA State IN Zip Code 46545-4065

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

Name of Employer ENVISION DESIGN GROUP, LLC 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 / 19 / 2014

Transaction ID : SA11.19363

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY A. FOX

Mailing Address 15975 ELMSFORD CT

City GRANGER State IN Zip Code 46530-8726

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19355

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DIANE G. FRANCO

Mailing Address 809 JEFFERSON HWY

City NEW ORLEANS State LA Zip Code 70121-2522

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 / 21 / 2014

Transaction ID : SA11.19407

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: (check only one)	PAGE 21 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. MRS. CONSTANCE FULMER		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 120 W LEXINGTON AVE		Transaction ID : SA11.19359	
City ELKHART	State IN	Zip Code 46516-3117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. MR. LAWRENCE GARATONI		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 4100 EDISON LAKES PKWY, STE 260		Transaction ID : SA11.19322	
City MISHAWAKA	State IN	Zip Code 46545-3470	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2800.00	
Name of Employer HEALTH QUEST GROUP	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7800.00	

Full Name (Last, First, Middle Initial) C. MR. LAWRENCE GARATONI		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 4100 EDISON LAKES PKWY, STE 260		Transaction ID : SA11.19322B	
City MISHAWAKA	State IN	Zip Code 46545-3470	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -200.00	
Name of Employer HEALTH QUEST GROUP	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7800.00	

SUBTOTAL of Receipts This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 4100 EDISON LAKES PKWY, STE 260

City MISHAWAKA State IN Zip Code 46545-3470

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

Name of Employer HEALTH QUEST GROUP Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7800.00**

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

Transaction ID : SA11.19535

Amount of Each Receipt this Period
200.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MRS. LINDA GLANZMAN

Mailing Address 11700 CLAY CENTER ROAD

City CARMEL State IN Zip Code 46032-2301

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 / 21 / 2014

Transaction ID : SA11.19408

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 503 S. WASHINGTON ST

City WAKARUSA State IN Zip Code 46573-9544

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

Name of Employer NELSON'S CATERING & FUNDRAISING Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19096

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 23 OF 134
	<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)
Walorski for Congress

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

Mailing Address 503 S. WASHINGTON ST

City State Zip Code
WAKARUSA IN 46573-9544

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

Name of Employer Occupation
NELSON'S CATERING & FUNDRAISING EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

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

Transaction ID : SA11.19096B

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 503 S. WASHINGTON ST

City State Zip Code
WAKARUSA IN 46573-9544

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

Name of Employer Occupation
NELSON'S CATERING & FUNDRAISING EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

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

Transaction ID : SA11.19320

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

C. Full Name (Last, First, Middle Initial)
MR. LARRY LEON GOOD

Mailing Address 712 S. FRANKLIN STREET

City State Zip Code
WINAMAC IN 46996-1621

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

Name of Employer Occupation
CIVIL ENGINEER RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11.19256

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

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

100.00

**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 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. STANLEY S. GOODMAN

Mailing Address 1745 SE 10TH STREET

City State Zip Code
FORT LAUDERDALE FL 33316-1423

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19127

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. TODD A. GRAHAM

Mailing Address 104 N. CONESTOGA LANE

City State Zip Code
SOUTH BEND IN 46617-3309

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

Name of Employer Occupation
SOUTH BEND ORTHOPAEDICS PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.19352

Amount of Each Receipt this Period
5200.00
CONTRIBUTION

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

Mailing Address 62940 TURKEY TRL

City State Zip Code
SOUTH BEND IN 46614-9419

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19459

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

6450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MS. MARY ELLEN HANDWORK

Mailing Address 3602 S IRONWOOD DR, APT 115W

City SOUTH BEND State IN Zip Code 46614-2474

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11.19154

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. CHARLES E. HASSEL

Mailing Address 45 EMS B48 LN

City WARSAW State IN Zip Code 46582-6631

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

Name of Employer SELF EMPLOYED Occupation RETIRED DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11.19147

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WAYNE E. HAYES

Mailing Address 1103 PARKWAY

City SOUTH BEND State IN Zip Code 46619-4029

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.19229

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 26 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DANIEL G. HERBSTER

Mailing Address 60149 MAIN STREET

City SOUTH BEND State IN Zip Code 46614-5218

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

Name of Employer ST. JOSEPH COUNTY Occupation COUNTY COUNCILMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 275.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11.19139

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK J. HILER

Mailing Address 29473 MONTAUK LANE

City ELKHART State IN Zip Code 46517-8574

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

Name of Employer STRIPCO, INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19358

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KATHRYN E. HILER

Mailing Address 29473 MONTAUK LANE

City ELKHART State IN Zip Code 46517-8574

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

Name of Employer SELF Occupation HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19351

Amount of Each Receipt this Period
 _____ 2600.00

CONTRIBUTION

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

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

_____ 5450.00

**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 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. KATHRYN E. HILER

Mailing Address 29473 MONTAUK LANE

City State Zip Code
ELKHART IN 46517-8574

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

Name of Employer Occupation
SELF HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19351B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. KATHRYN E. HILER

Mailing Address 29473 MONTAUK LANE

City State Zip Code
ELKHART IN 46517-8574

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

Name of Employer Occupation
SELF HOMEMAKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19524

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. MARCIA A. HOCKER

Mailing Address 6421 SE HARBOR CIRCLE

City State Zip Code
STUART FL 34996-1960

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

Name of Employer Occupation
SEAVILLE TAVERN RESTAURANTEUR

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
 01 / 27 / 2014

Transaction ID : SA11.19078

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. RICK HOLDERBAUM

Mailing Address 67041 BEECH ROAD

City State Zip Code
WAKARUSA IN 46573-9407

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

Name of Employer Occupation
BEECH ROAD BLUEBERRY FARM FARMER

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 : SA11.19291

Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARYLIN A. HOLMAN

Mailing Address 115 ROYAL LANE

City State Zip Code
LA PORTE IN 46350-5979

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19123

Amount of Each Receipt this Period
25.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SHARIE L. JOHNSON

Mailing Address 6192 E ELWOOD ST

City State Zip Code
SYRACUSE IN 46567-9420

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
600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19487

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

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

225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. LYNNE C. KELLER

Mailing Address 67590 PINE RD

City NORTH LIBERTY State IN Zip Code 46554-9026

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
5200.00

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

Transaction ID : SA11.19295

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

Mailing Address 51320 PEBBLE BEACH CT

City GRANGER State IN Zip Code 46530-9689

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

Name of Employer WALSH & KELLY CONSTRUCTION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19321

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

Mailing Address 51320 PEBBLE BEACH CT

City GRANGER State IN Zip Code 46530-9689

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

Name of Employer WALSH & KELLY CONSTRUCTION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19321B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

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

5200.00

**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 134
	<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)
Walorski for Congress

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

Mailing Address 51320 PEBBLE BEACH CT

City GRANGER State IN Zip Code 46530-9689

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

Name of Employer WALSH & KELLY CONSTRUCTION Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19525

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. MARIJO KELLY

Mailing Address 51320 PEBBLE BEACH CT

City GRANGER State IN Zip Code 46530-9689

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

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 / 27 / 2014

Transaction ID : SA11.19422

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EARL L. KIME

Mailing Address 61171 ELM RD

City MISHAWAKA State IN Zip Code 46544-9513

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11.19182

Amount of Each Receipt this Period
100.00

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 31 OF 134
	<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)
Walorski for Congress

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

Mailing Address 2633 LAKE BLUFF TERRACE

City ST. JOSEPH State MI Zip Code 49085-9204

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

Name of Employer MORGAN STANLEY SMITH BARNEY Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11.19057

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRIAN KORDANSKY

Mailing Address 2633 LAKE BLUFF TERRACE

City ST. JOSEPH State MI Zip Code 49085-9204

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

Name of Employer MORGAN STANLEY SMITH BARNEY Occupation FINANCIAL ADVISOR

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 / 19 / 2014

Transaction ID : SA11.19356

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 13393 N STATE ROAD 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19457

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 32 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 13393 N STATE ROAD 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19457B

Amount of Each Receipt this Period
 -900.00

CONTRIBUTION

[MEMO ITEM]
 REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REDESIGNATION TO GENERAL

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

Mailing Address 13393 N STATE ROAD 13

City NORTH MANCHESTER State IN Zip Code 46962-8609

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19527

Amount of Each Receipt this Period
 900.00

CONTRIBUTION

[MEMO ITEM]
 REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. BYRON S. LAMM

Mailing Address 830 MILL LAKE ROAD

City FORT WAYNE State IN Zip Code 46845-6400

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

Name of Employer PINOAK GROUP Occupation FINANCIAL ADVISOR (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 Y Y
 03 / 04 / 2014

Transaction ID : SA11.19250

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ALBERT H. LANGSENKAMP

Mailing Address 6720 PARKDALE PLACE

City State Zip Code
INDIANAPOLIS IN 46254-4668

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.19440

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BETTY L. LARSEN

Mailing Address 320 E 400 S

City State Zip Code
KNOX IN 46534-9778

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.19357

Amount of Each Receipt this Period
200.00
CONTRIBUTION

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

Mailing Address 337 PARKVIEW LANE

City State Zip Code
BREMEN IN 46506-8708

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

Name of Employer Occupation
PRECISION PAINTING OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

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

Transaction ID : SA11.19259

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1450.00

**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 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. TIM D. LEMAN

Mailing Address 24511 SEASIDE CT

City State Zip Code
EDWARDSBURG MI 49112-8449

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GIBSON INSURANCE GROUP PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.19303

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 3210 MIAMI ST

City State Zip Code
SOUTH BEND IN 46614-2048

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STEEL WAREHOUSE OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.19089

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD F. LERMAN

Mailing Address 1121 E WOODSIDE ST

City State Zip Code
SOUTH BEND IN 46614-1451

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STEEL WAREHOUSE EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.19091

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 1138 DUNROBBIN LANE

City SOUTH BEND State IN Zip Code 46614-2150

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

Name of Employer STEEL WAREHOUSE Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11.19443

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1120 EAST IRVINGTON AVE

City SOUTH BEND State IN Zip Code 46614-1416

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

Name of Employer STEEL WAREHOUSE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.19093

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. TED S. LERMAN

Mailing Address 1220 RIDGEDALE RD

City SOUTH BEND State IN Zip Code 46614-2108

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

Name of Employer STEEL WAREHOUSE Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.19092

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. IRWIN LEVIN

Mailing Address 19333 COLLINS AVE. APT. 1902

City State Zip Code
SUNNY ISLES BEACH FL 33160-2372

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.19410

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RYAN LONG

Mailing Address 524A 15TH STREET SE

City State Zip Code
WASHINGTON DC 20003-3071

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

Name of Employer Occupation
BGR GROUP CONSULTANT

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 / 10 / 2014

Transaction ID : SA11.19085

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 714 OSOLO RD

City State Zip Code
ELKHART IN 46514-4137

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

Name of Employer Occupation
MCDOWELL ENTERPRISES, INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11.19451

Amount of Each Receipt this Period
 1000.00
 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 37 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH A. LOSKOVE

Mailing Address 7530 SAN MANTEO DRIVE E.

City BOCA RATON	State FL	Zip Code 33433-4127
--------------------	-------------	------------------------

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

Name of Employer SHERIDAN HEALTHCARE	Occupation PHYSICIAN
---	-------------------------

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 / 21 / 2014

Transaction ID : SA11.19406

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BENTON MARKS

Mailing Address 445 N PENNSYLVANIA STREET # 810

City INDIANAPOLIS	State IN	Zip Code 46204-1818
----------------------	-------------	------------------------

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

Name of Employer MARKS COMPANIES	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
360.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11.19401

Amount of Each Receipt this Period
 360.00
 CONTRIBUTION

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

Mailing Address 7277 E ELI LILLY RD

City SYRACUSE	State IN	Zip Code 46567-8713
------------------	-------------	------------------------

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
400.00

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

Transaction ID : SA11.19334

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

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

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

1010.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS. CARLYN MAYER

Mailing Address **2494 S. OCEAN BLVD.**

City **BOCA RATON** State **FL** Zip Code **33432-8201**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 22 / 2014

Transaction ID : SA11.19114

Amount of Each Receipt this Period
1700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID W. MILLER

Mailing Address **81 W ROSELAWN DR.**

City **LOGANSPORT** State **IN** Zip Code **46947-2012**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

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

Transaction ID : SA11.19192

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

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

Mailing Address **58950 FRANKLIN CT.**

City **GOSHEN** State **IN** Zip Code **46528-9569**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11.19326

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

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

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

1900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 65472 MIAMI RD

City Bremen State IN Zip Code 46506-9456

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 **250.00**

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

Transaction ID : SA11.19223

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ERIC D. MORRIS

Mailing Address 228 S WILLIAMS ST
P.O. BOX 538

City NORTH LIBERTY State IN Zip Code 46554-7709

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

Name of Employer ROSS ENG. & MACHINE, INC. Occupation 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 / 19 / 2014

Transaction ID : SA11.19354

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. IRVING MOSKOWITZ

Mailing Address 4744 NORTH BAY ROAD

City MIAMI BEACH State FL Zip Code 33140-2814

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

Name of Employer DOCTOR Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19516

Amount of Each Receipt this Period
 2500.00
 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: PAGE 40 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. EDWIN C. MUELLER

Mailing Address 117 EVERGREEN DR.
117 EVERGREEN DR

City LA PORTE State IN Zip Code 46350-5231

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.19424

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 411 NORTH IRONWOOD

City SOUTH BEND State IN Zip Code 46615-3203

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11.19084

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WALTER J. NICGORSKI

Mailing Address 625 PEASHWAY

City SOUTH BEND State IN Zip Code 46617-1318

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

Name of Employer UNIVERSITY OF NOTRE DAME Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

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

Transaction ID : SA11.19327

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMIE A. O'BRIEN

Mailing Address 15822 CEDAR RIDGE CT

City GRANGER State IN Zip Code 46530-6516

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

Name of Employer UNIVERSITY OF NOTRE DAME, ST. JOSEPH Occupation PROFESSOR, CITY COUNCILMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

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

Transaction ID : SA11.19263

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARIE E. OLSON

Mailing Address 25422 LAYTON RD

City NORTH LIBERTY State IN Zip Code 46554-9434

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11.19144

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD CARL OSBORNE

Mailing Address 416 ASH CIRCLE

City ELKHART State IN Zip Code 46517-9274

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

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

Transaction ID : SA11.19276

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

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

300.00

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. VICTOR PANTEA

Mailing Address 17870 BELLOWS FALLS CT.

City SOUTH BEND State IN Zip Code 46614-9727

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

Name of Employer PANTEA CONSULTING INC. Occupation SELF-EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.19347

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL P. PATTON

Mailing Address 205 TONTI STREET

City SOUTH BEND State IN Zip Code 46617-1127

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

Name of Employer PAPA JOHNS PIZZA Occupation OWNER/OPERATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

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

Transaction ID : SA11.19251

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 237 PARK AVENUE

City NEW YORK State NY Zip Code 10017-3140

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

Name of Employer MACANDREWS & FORBES Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2014

Transaction ID : SA11.19063

Amount of Each Receipt this Period
 2600.00

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 43 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. BENJAMIN S. PLOTKIN

Mailing Address 3231 GREENLEAF BLVD

City State Zip Code
ELKHART IN 46514-4357

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

Name of Employer Occupation
NORTHERN INDIANA ANESTHESIOLOGY SERVICE PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11.19061

Amount of Each Receipt this Period
800.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. TERESA POSTMA

Mailing Address 29062 ROBIN STREET

City State Zip Code
ELKHART IN 46514-8741

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
240.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19087

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JANET RAVENCROFT

Mailing Address 2603 W STATE RD 14

City State Zip Code
ROCHESTER IN 46975-9059

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19460

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

3440.00

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

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

FOR LINE NUMBER: PAGE 44 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. JEFF L. REA

Mailing Address 26401 PINE VALLEY CT.

City SOUTH BEND State IN Zip Code 46628-9562

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

Name of Employer CHAMBER OF COMMERCE Occupation PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19362

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 54969 WOODHOLD COURT

City ELKHART State IN Zip Code 46516-6511

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

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

Transaction ID : SA11.19349

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

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

Mailing Address 23393 SHORELANE

City ELKHART State IN Zip Code 46514-4567

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

Name of Employer RECYLED NEW PALLET Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3800.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.19425

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 23393 SHORELANE

City State Zip Code
ELKHART IN 46514-4567

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

Name of Employer Occupation
RECYLED NEW PALLET OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19494

Amount of Each Receipt this Period
1800.00

CONTRIBUTION

REATTRIBUTION REQUESTED

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

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
IRWIN R. ROSE & CO., LLC REAL ESTATE INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19315

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
IRWIN R. ROSE & CO., LLC REAL ESTATE INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19315B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

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

4400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
IRWIN R. ROSE & CO., LLC REAL ESTATE INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19530

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MRS MICHELLE M. ROSE

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
N/A STAY AT HOME MOM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19316

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS MICHELLE M. ROSE

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
N/A STAY AT HOME MOM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19316B

Amount of Each Receipt this Period
-2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 47 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MRS MICHELLE M. ROSE

Mailing Address 10550 HUSSEY LANE

City State Zip Code
CARMEL IN 46032-7921

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

Name of Employer Occupation
N/A STAY AT HOME MOM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11.19531

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

Mailing Address 1526 MEADOW TRAIL

City State Zip Code
SOUTH BEND IN 46614-6476

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

Name of Employer Occupation
COMMUNITYWIDE FEDERAL CREDIT UNION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19456

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

Mailing Address 58614 HEATHER POINTE DR

City State Zip Code
OSCEOLA IN 46561-7814

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.19428

Amount of Each Receipt this Period
50.00

CONTRIBUTION

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. WILLIAM J. SAMPLE

Mailing Address 1634 SPRINGBROOK

City State Zip Code
ELKHART IN 46514-4248

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

Name of Employer Occupation
SAMPLE\$OLUTIONS GROUP, LLC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

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

Transaction ID : SA11.19289

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 1634 SPRINGBROOK

City State Zip Code
ELKHART IN 46514-4248

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

Name of Employer Occupation
SAMPLE\$OLUTIONS GROUP, LLC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1550.00

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

Transaction ID : SA11.19290

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

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

Mailing Address 3 GROVE ISLE
APT. 310

City State Zip Code
COCONUT GROVE FL 33133-4109

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19514

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. GARY N. SCHAHET

Mailing Address 385 MILLRIDGE DRIVE

City INDIANAPOLIS State IN Zip Code 46290-1118

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

Name of Employer: SCHAHET HOTELS, INC Occupation: HOTEL MANAGEMENT AND DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 02 / 21 / 2014

Transaction ID : SA11.19121

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

REATTRIBUTION REQUESTED SEE REATTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY N. SCHAHET

Mailing Address 385 MILLRIDGE DRIVE

City INDIANAPOLIS State IN Zip Code 46290-1118

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

Name of Employer: SCHAHET HOTELS, INC Occupation: HOTEL MANAGEMENT AND DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 03 / 28 / 2014

Transaction ID : SA11.19121B

Amount of Each Receipt this Period: -400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION REQUESTED REATTRIBUTION TO SPOUSE

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

Mailing Address 385 MILLRIDGE DRIVE

City INDIANAPOLIS State IN Zip Code 46290-1118

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

Name of Employer: SELF Occupation: HOUSEWIFE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 03 / 28 / 2014

Transaction ID : SA11.19441

Amount of Each Receipt this Period: 400.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 3831 STEEPLECHASE DRIVE

City State Zip Code
CARMEL IN 46032-8506

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

Name of Employer Occupation
SCHUCKIT & ASSOCIATES OWNER/LAWYER

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 / 21 / 2014

Transaction ID : SA11.19388

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CURTIS T. SCHULTZ

Mailing Address 2204 CHEROKEE CIR

City State Zip Code
VALPARAISO IN 46383-2284

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

Name of Employer Occupation
NEW YORK LIFE INSURANCE AGENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19105

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 35 EAST 62ND STREET

City State Zip Code
NEW YORK NY 10065-8014

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

Name of Employer Occupation
MACANDREWS & FORBES VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11.19064

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 50885 WALDON PARK LN

City GRANGER State IN Zip Code 46530-7703

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

Name of Employer DEHCO, INC. Occupation 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 / 31 / 2014

Transaction ID : SA11.19492

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JULIA SCHWARTZ

Mailing Address 50885 WALDON PARK LN

City GRANGER State IN Zip Code 46530-7703

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation HOUSEWIFE

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 / 31 / 2014

Transaction ID : SA11.19491

Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARILYNE SCULLY

Mailing Address 15695 FIELDCREST CT

City GRANGER State IN Zip Code 46530-9079

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11.19300

Amount of Each Receipt this Period
 125.00
 CONTRIBUTION

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

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

4325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ANDREW J. SHECHTEL

Mailing Address 33 WITHERSPOON STREET
3RD FLOOR

City PRINCETON State NJ Zip Code 08542-3212

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

Name of Employer N/A Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19128

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. RAQUEL K. SHECHTEL

Mailing Address 33 WITHERSPOON STREET
3RD FLOOR

City PRINCETON State NJ Zip Code 08542-3212

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19129

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PETER SHOAF

Mailing Address P.O. BOX 454

City KINGSFORD HEIGHTS State IN Zip Code 46346-0454

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

Name of Employer PB TRANSPORTATION Occupation DRIVE LINE HAUL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
285.00

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

Transaction ID : SA11.19244

Amount of Each Receipt this Period
75.00
CONTRIBUTION

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

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

5075.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. LARRY D. SILVER

Mailing Address 1001 EAST TELECOM DRIVE

City BOCA RATON State FL Zip Code 33431-4422

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 Y Y
 03 / 21 / 2014

Transaction ID : SA11.19405

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS E. SLAGER

Mailing Address 23439 LAKEVIEW DR

City EDWARDSBURG State MI Zip Code 49112-8518

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
250.00

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

Transaction ID : SA11.19336

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERALD A. SMITH

Mailing Address 28626 SCHWALM DR.

City ELKHART State IN Zip Code 46517-9484

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

Name of Employer RICHMOND MASTERS Occupation DIRECTOR OF RETAIL OPERATIONS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19483

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. GREGORY A. STEPHENS

Mailing Address 411 PEBBLE CT

City RUSSIAVILLE State IN Zip Code 46979-9157

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

Name of Employer STEPHENS MACHINE Occupation PRESIDENT

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 / 11 / 2014

Transaction ID : SA11.19299

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WARREN STRUHL

Mailing Address 21474 LINWOOD COURT

City BOCA RATON State FL Zip Code 33433-7436

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
 03 / 21 / 2014

Transaction ID : SA11.19404

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 801 FRONTAGE ROAD
APT 204

City OXFORD State MS Zip Code 38655-5124

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3949.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19368

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 134
	<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)
Walorski for Congress

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

Mailing Address 801 FRONTAGE ROAD
APT 204

City OXFORD State MS Zip Code 38655-5124

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3949.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19368B

Amount of Each Receipt this Period
 -200.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 801 FRONTAGE ROAD
APT 204

City OXFORD State MS Zip Code 38655-5124

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3949.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19532

Amount of Each Receipt this Period
 200.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. SIDNEY W. SWARTZ

Mailing Address 1001 S. OCEAN BLVD.

City DELRAY BEACH State FL Zip Code 33483-6531

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2014

Transaction ID : SA11.19115

Amount of Each Receipt this Period
 1700.00

CONTRIBUTION

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 56 OF 134
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. PAUL TARTELL

Mailing Address 640 N ISLAND DR

City State Zip Code
GOLDEN BEACH FL 33160-2257

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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 31 2014

Transaction ID : SA11.19484

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STANLEY TATE

Mailing Address 1175 NE 125TH ST.
SUITE 102

City State Zip Code
NORTH MIAMI FL 33161-5009

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

Name of Employer Occupation
TATE ENTERPRISES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11.19515

Amount of Each Receipt this Period
 750.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HEATH THORNTON

Mailing Address 244 TULIP CIRCLE

City State Zip Code
BREMEN IN 46506-9098

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

Name of Employer Occupation
OWNER WHOLESAL EXPRESS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

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

Transaction ID : SA11.19337

Amount of Each Receipt this Period
 400.00
 CONTRIBUTION

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

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

2150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 134
	<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)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
BRETT TIBBITTS

Mailing Address P.O. BOX 10600

City State Zip Code
ZEPHYR COVE NV 89448-2600

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

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 / 21 / 2014

Transaction ID : SA11.19113

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WYATT R. TOOTHAKER

Mailing Address 68748 SOUTH SHORE DR.

City State Zip Code
EDWARDSBURG MI 49112-8535

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

Name of Employer Occupation
STUDENT STUDENT

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 / 31 / 2014

Transaction ID : SA11.19497

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

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

Mailing Address 54669 BROOKSIDE DR

City State Zip Code
ELKHART IN 46514-4445

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : SA11.19296

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 271 EMS C29 LANE

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

FEC ID number of contributing federal political committee: C

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3100.00

Date of Receipt: 03 / 13 / 2014

Transaction ID : SA11.19323

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

Mailing Address 271 EMS C29 LANE

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

FEC ID number of contributing federal political committee: C

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3100.00

Date of Receipt: 03 / 13 / 2014

Transaction ID : SA11.19323B

Amount of Each Receipt this Period: -500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

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

Mailing Address 271 EMS C29 LANE

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

FEC ID number of contributing federal political committee: C

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3100.00

Date of Receipt: 03 / 13 / 2014

Transaction ID : SA11.19533

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 59 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. MARK VALENTE III

Mailing Address **7055 LEESTONE STREET**

City **SPRINGFIELD** State **VA** Zip Code **22151-3520**

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

Name of Employer **VALENTE & ASSOCIATES** 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 Y Y
03 / 19 / 2014

Transaction ID : SA11.19384

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **1909 CANTERBURY ST**

City **IRVING** State **TX** Zip Code **75062-3551**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11.19304

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

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

Mailing Address **6920 W. NASHWAY**

City **WEST BLOOMFIELD** State **MI** Zip Code **48322-3213**

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

Name of Employer **AM GENERAL LLC** Occupation **PROGRAM MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11.19178

Amount of Each Receipt this Period
350.00
 CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DR. SAM S. WAKIM

Mailing Address 50777 BROOKSIDE DR

City GRANGER State IN Zip Code 46530-6043

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

Name of Employer ASPEN DENTAL Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19455

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY D. WALLACE

Mailing Address 1129 FIELDSTONE DR.

City LA PORTE State IN Zip Code 46350-6687

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 Y
 03 / 11 / 2014

Transaction ID : SA11.19297

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

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

Mailing Address 15463 HUNTING RIDGE TRAIL

City GRANGER State IN Zip Code 46530-9074

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

Name of Employer CENTIER BANK 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 Y
 03 / 19 / 2014

Transaction ID : SA11.19366

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

1775.00

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

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

FOR LINE NUMBER: PAGE 61 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ABRAHAM WEINTRAUB

Mailing Address 20810 NE 30TH PL

City State Zip Code
AVENTURA FL 33180-3617

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

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 / 31 / 2014

Transaction ID : SA11.19486

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. RITA L. WELLS

Mailing Address 17497 VIA CAPRI

City State Zip Code
BOCA RATON FL 33496-1645

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 / 21 / 2014

Transaction ID : SA11.19403

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES C. WICKS

Mailing Address 26207 HILLY LANE

City State Zip Code
ELKHART IN 46517-2243

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

Name of Employer Occupation
STATE OF INDIANA JUDGE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19378

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 62 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. DENNIS A. WIEGAND

Mailing Address 608 CHERRY TREE LN

City SOUTH BEND State IN Zip Code 46617-2225

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 **375.00**

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

Transaction ID : SA11.19200

Amount of Each Receipt this Period
75.00
 CONTRIBUTION

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

Mailing Address 26084 COUNTY RD. 50

City NAPPANEE State IN Zip Code 46550-9426

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

Name of Employer GUARDIAN LIFE INSURANCE CO. Occupation SALES

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
02 / 25 / 2014

Transaction ID : SA11.19140

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address 705 E. JOHNSON ROAD

City SOUTH BEND State IN Zip Code 46614-5315

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

Name of Employer MASTEC NETWORK MANAGER Occupation CONSTRUCTION MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2014

Transaction ID : SA11.19059

Amount of Each Receipt this Period
25.00
 CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 134
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT I. ZARTMAN

Mailing Address 3101 SE LAKE SHORE DRIVE

City State Zip Code
MACY IN 46951-8563

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.19207

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address 52605 BROOKTRAIL DRIVE

City State Zip Code
SOUTH BEND IN 46637-3006

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

Name of Employer Occupation
METALSTAMP, INC OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19122

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

Amount of Each Receipt this Period

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

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

600.00

113850.00

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

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

FOR LINE NUMBER: PAGE 64 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address P.O. BOX 5053

City State Zip Code
CONCORD NC 28027-1500

FEC ID number of contributing federal political committee. **C C00504522**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11.19309

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address P.O. BOX 5053

City State Zip Code
CONCORD NC 28027-1500

FEC ID number of contributing federal political committee. **C C00504522**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11.19310

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City State Zip Code
UWCHLAND PA 19480-0087

FEC ID number of contributing federal political committee. **C C00372102**

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
 03 / 31 / 2014

Transaction ID : SA11.19504

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 65 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address **PO BOX 171**

City **WINAMAC** State **IN** Zip Code **46996-0171**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.19365

Amount of Each Receipt this Period
100.00
CONTRIBUTION

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

Mailing Address **2052 LAKE AUDUBON COURT**

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

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

Name of Employer Occupation

Receipt For: 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 : SA11.19340

Amount of Each Receipt this Period
4000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION ACRE

Mailing Address **4301 WILSON BLVD**

City **ARLINGTON** State **VA** Zip Code **22203-1867**

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.19372

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION ACRE

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19373

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1932 WYNNTON ROAD

City COLUMBUS State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19465

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 2300 WILSON BLVD.
SUITE 400

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19501

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 67 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
ALLIANT TECHSYSTEMS INC. EMPLOYEE CITIZENSHIP FUND

Mailing Address 1300 WILSON BLVD. SUITE 400

City ARLINGTON State VA Zip Code 22209-2307

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19478

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY PAC

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19498

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PAC (PT-PAC)

Mailing Address 1111 N. FAIRFAX STREET

City ALEXANDRIA State VA Zip Code 22314-1484

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19342

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 20533 BISCAYNE BLVD
SUITE 250

City MIAMI State FL Zip Code 33180-1529

FEC ID number of contributing federal political committee. **C** C00492579

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19510

Amount of Each Receipt this Period
 750.00

CONTRIBUTION

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

Mailing Address 12125 WOODCREST EXECUTIVE DRIVE
SUITE 100

City ST. LOUIS State MO Zip Code 63141-5009

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11.19131

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1000 WILSON BLVD
SUITE 1825

City ARLINGTON State VA Zip Code 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19496

Amount of Each Receipt this Period
 3500.00

CONTRIBUTION

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
APOLLO EDUCATION GROUP IN POLITICCAL ORGANIZATION FOR LEGISLATIVE LEADERSHIP

Mailing Address 4025 SOUTH RIVERPOINT PARKWAY

City PHOENIX State AZ Zip Code 85040-0723

FEC ID number of contributing federal political committee. **C** C00309781

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19383

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address ONE CITY PLACE DRIVE

City ST. LOUIS State MO Zip Code 63141-7014

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11.19120

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 8280 WILLOW OAKS CORPORATE DRIVE
SUITE 500

City FAIRFAX State VA Zip Code 22031-4514

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19519

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 70 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 208 S. AKARD STREET SUITE 2701

City State Zip Code
DALLAS TX 75202-4206

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.19312

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

Mailing Address 1910 SUNDERLAND PLACE NW

City State Zip Code
WASHINGTON DC 20036-1608

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19509

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1101 WILSON BLVD

City State Zip Code
ARLINGTON VA 22209-2211

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19371

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1101 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2211

FEC ID number of contributing federal political committee. **C C00281212**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19472

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1101 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2211

FEC ID number of contributing federal political committee. **C C00281212**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19473

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 1200 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : SA11.19344

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 72 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
BOSTON SCIENTIFIC CORP PAC

Mailing Address **ONE BOSTON SCIENTIFIC PLACE**

City **NATICK** State **MA** Zip Code **01760-1536**

FEC ID number of contributing federal political committee. **C C00468579**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2014

Transaction ID : SA11.19433

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BP NORTH AMERICA EMPLOYEE PAC

Mailing Address **501 WESTLAKE PARK BLVD.**

City **HOUSTON** State **TX** Zip Code **77079-2604**

FEC ID number of contributing federal political committee. **C C00060103**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19117

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIDGEPOINT EDUCATION, INC. PAC

Mailing Address **13500 EVENING CREEK DRIVE NORTH**

City **SAN DIEGO** State **CA** Zip Code **92128-8104**

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19108

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
BRIDGEPOINT EDUCATION, INC. PAC

Mailing Address 13500 EVENING CREEK DRIVE NORTH

City SAN DIEGO State CA Zip Code 92128-8104

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.19111

Amount of Each Receipt this Period
 4500.00

CONTRIBUTION

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

Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.19432

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19463

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

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

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

8500.00

**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 74 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. CMS ENERGY EMPLOYEES FOR BETTER GOVERNMENT

Full Name (Last, First, Middle Initial)
Mailing Address ONE ENERGY PLAZA

City JACKSON State MI Zip Code 49201-2357

FEC ID number of contributing federal political committee. **C** C00075473

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19379

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. COBHAM HOLDINGS INC. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2121 CRYSTAL DRIVE SUITE 625

City ARLINGTON State VA Zip Code 22202-3797

FEC ID number of contributing federal political committee. **C** C00347401

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19477

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. CONGRESSIONAL HOUSE REPUBLICANS IN SERVICE PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824-0844

FEC ID number of contributing federal political committee. **C** C00554535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19505

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. CROWE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3815 RIVER CROSSING PARKWAY
 SUITE 300
 City INDIANAPOLIS State IN Zip Code 46240-7767
 FEC ID number of contributing federal political committee. **C C00451518**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11.19374
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. DIPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3190 FARIVIEW PARK DR.
 STE 200
 City FALLS CHURCH State VA Zip Code 22042-4547
 FEC ID number of contributing federal political committee. **C C00409979**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11.19468
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. DRS TECHNOLOGIES INC.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2345 CRYSTAL DRIVE
 SUITE 915
 City ARLINGTON State VA Zip Code 22202-4802
 FEC ID number of contributing federal political committee. **C C00275123**
 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 / 19 / 2014
Transaction ID : SA11.19381
 Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET
DEC37D

City CHARLOTTE State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19376

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMAN CORPORATION PAC (ENGPAC)

Mailing Address 2980 FAIRVIEW PARK DR.

City FALLS CHURCH State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.19106

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMAN CORPORATION PAC (ENGPAC)

Mailing Address 2980 FAIRVIEW PARK DR.

City FALLS CHURCH State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19518

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) ENT PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1650 DIAGONAL ROAD		Transaction ID : SA11.19517	
City ALEXANDRIA State VA Zip Code 22314-2857	Amount of Each Receipt this Period 1500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C C00306449	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) EXELIS EMPLOYEES PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1650 TYSONS BLVD. SUITE 1700		Transaction ID : SA11.19469	
City MACLEAN State VA Zip Code 22102-4827	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C C00141002	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) EXPRESS SCRIPTS INC. PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address ONE EXPRESS WAY		Transaction ID : SA11.19119	
City ST. LOUIS State MO Zip Code 63121-1824	Amount of Each Receipt this Period 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C C00365072	Name of Employer Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 78 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 942 S. SHADY GROVE RD.
1ST FLOOR

City MEMPHIS State TN Zip Code 38120-4117

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.19369

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FLORIDA CONGRESSIONAL COMMITTEE

Mailing Address 6100 HOLLYWOOD BLVD
SUITE 305

City HOLLYWOOD State FL Zip Code 33024-7981

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19511

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FLORIDA CONGRESSIONAL COMMITTEE

Mailing Address 6100 HOLLYWOOD BLVD
SUITE 305

City HOLLYWOOD State FL Zip Code 33024-7981

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19512

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 79 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. FORD MOTOR COMPANY CIVIC ACTION FUND

Full Name (Last, First, Middle Initial)
Mailing Address THE AMERICAN ROAD

City DEARBORN State MI Zip Code 48121-

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19471

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. GENERAL DYNAMICS CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 2941 FAIRVIEW PARK DRIVE SUITE #100

City FALLS CHURCH State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11.19118

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. HILL-ROM PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1069 SR 46 E

City BATESVILLE State IN Zip Code 47006-7520

FEC ID number of contributing federal political committee. **C C00448993**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.19107

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 80 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 PENNSYLVANIA AVE N.W.
SUITE 100

City WASHINGTON State DC Zip Code 20006-6801

FEC ID number of contributing federal political committee. **C C00171330**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : SA11.19132

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 101 CONSTITUTION AVE, NW
SUITE 500 W.

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19104

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

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

Mailing Address 120 W. 2ND STREET
SUITE 1510

City DAYTON State OH Zip Code 45402-1603

FEC ID number of contributing federal political committee. **C C00525238**

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
03 / 17 / 2014

Transaction ID : SA11.19345

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
INDIANA ACRE

Mailing Address 720 N. HIGH SCHOOL ROAD

City INDIANAPOLIS State IN Zip Code 46214-3756

FEC ID number of contributing federal political committee. **C** C00103978

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19377

Amount of Each Receipt this Period
 1600.00
 CONTRIBUTION

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

Mailing Address 720 N. HIGH SCHOOL ROAD

City INDIANAPOLIS State IN Zip Code 46214-3756

FEC ID number of contributing federal political committee. **C** C00103978

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19377B

Amount of Each Receipt this Period
 -100.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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

Mailing Address 720 N. HIGH SCHOOL ROAD

City INDIANAPOLIS State IN Zip Code 46214-3756

FEC ID number of contributing federal political committee. **C** C00103978

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 3100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.20389

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 82 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address **ONE JOHN DEERE PLACE**

City **MOLINE** State **IL** Zip Code **61265-8010**

FEC ID number of contributing federal political committee. **C C00204099**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11.19103

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **PO BOX 853**

City **EDWARDSVILLE** State **IL** Zip Code **62025-0853**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19500

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

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

Mailing Address **600 14TH ST NW
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005-2099**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.19393

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) KRISTI PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address P.O. BOX 312		Transaction ID : SA11.19341	
City SIOUX FALLS	State SD	Zip Code 57101-0312	
FEC ID number of contributing federal political committee. C C00493809		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer Occupation		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) LEIDOS INC. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 301 LABORATORY ROAD		Transaction ID : SA11.19476	
City OAK RIDGE	State TN	Zip Code 37830-6912	
FEC ID number of contributing federal political committee. C C00546234		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer Occupation		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) LOCKHEED MARTIN EMPLOYEES' PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 2121 CRYSTAL DRIVE SUITE 100		Transaction ID : SA11.19400	
City ARLINGTON	State VA	Zip Code 22202-3706	
FEC ID number of contributing federal political committee. C C00303024		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer Occupation		Election Cycle-to-Date 3000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 84 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
LOUIS DREYFUS CORP PAC

Mailing Address 1050 K ST NW, STE 325

City WASHINGTON State DC Zip Code 20001-4447

FEC ID number of contributing federal political committee. **C C00463117**

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
 03 / 19 / 2014

Transaction ID : SA11.19360

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

Mailing Address 1000 LOWE'S BOULEVARD

City MOORESVILLE State NC Zip Code 28117-8520

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11.19102

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM CORPORATION EMPLOYEES PAC (MPAC)

Mailing Address 539 SOUTH MAIN STREET

City FINDLAY State OH Zip Code 45840-3229

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11.19075

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 1300 WILSON BLVD. SUITE 550

City ARLINGTON State VA Zip Code 22209-2324

FEC ID number of contributing federal political committee. **C** C00490037

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19479

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 380 INTERLOCKEN CRESCENT SUITE 200

City BROOMFIELD State CO Zip Code 80021-8026

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19375

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address 1212 NEW YORK AVE. NW SUITE 1100

City WASHINGTON State DC Zip Code 20005-3987

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19339

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

REDESIGNATION REQUESTED

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 86 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 SHERIDAN STREET
SUITE 424

City HOLLYWOOD State FL Zip Code 33021-3606

FEC ID number of contributing federal political committee. **C C00147983**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19218

Amount of Each Receipt this Period
 1700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 SHERIDAN STREET
SUITE 424

City HOLLYWOOD State FL Zip Code 33021-3606

FEC ID number of contributing federal political committee. **C C00147983**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11.19439

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSN. PAC

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 25 / 2014

Transaction ID : SA11.19162

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

4200.00

**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 87 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address **200 CIVIC CENTER DRIVE**

City **COLUMBUS** State **OH** Zip Code **43215-4138**

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19464

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NRA-POLITICAL VICTORY FUND

Mailing Address **11250 WAPLES MILL ROAD**

City **FAIRFAX** State **VA** Zip Code **22030-6003**

FEC ID number of contributing federal political committee. **C C00053553**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11.19397

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

Mailing Address **1605 KING STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-2726**

FEC ID number of contributing federal political committee. **C C00089458**

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
03 / 17 / 2014

Transaction ID : SA11.19343

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 88 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES PAC

Mailing Address **PO BOX 2566**

City **OSHKOSH** State **WI** Zip Code **54903-2566**

FEC ID number of contributing federal political committee. **C C00304477**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11.19380

Amount of Each Receipt this Period
 CONTRIBUTION
1500.00

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

Mailing Address **4615 N. LEWIS AVE**

City **SIOUX FALLS** State **SD** Zip Code **57104-7116**

FEC ID number of contributing federal political committee. **C C00450692**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11.19508

Amount of Each Receipt this Period
 CONTRIBUTION
2500.00

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

Mailing Address **1100 WILSON BOULEVARD
SUITE 1500**

City **ARLINGTON** State **VA** Zip Code **22209-3900**

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.19211

Amount of Each Receipt this Period
 CONTRIBUTION
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 401 N. MAIN STREET

City WINSTON SALEM State NC Zip Code 27101-3804

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19367

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROLLS-ROYCE NORTH AMERICA PAC

Mailing Address 1875 EXPLORER STREET
SUITE 200

City RESTON State VA Zip Code 20190-6022

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19474

Amount of Each Receipt this Period
 3500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROLLS-ROYCE NORTH AMERICA PAC

Mailing Address 1875 EXPLORER STREET
SUITE 200

City RESTON State VA Zip Code 20190-6022

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19475

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY PAC

Mailing Address 151 LAFAYETTE DRIVE

City OAK RIDGE State TN Zip Code 37830-6865

FEC ID number of contributing federal political committee. **C** C00300418

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 / 19 / 2014

Transaction ID : SA11.19382

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address PO BOX 878

City PROVIDENCE State RI Zip Code 02901-0878

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

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

Transaction ID : SA11.19217

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TO PROTECT OUR HERITAGE PAC

Mailing Address 2421 W. PRATT BLVD.

City CHICAGO State IL Zip Code 60645-4603

FEC ID number of contributing federal political committee. **C** C00135541

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
 01 / 16 / 2014

Transaction ID : SA11.19062

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 91 OF 134
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES EMPLOYEE PAC

Mailing Address 1101 PENNSYLVANIA AVE, NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19466

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11.19370

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VERIZON WIRELESS GOOD GOVERNMENT CLUB

Mailing Address 1300 I ST. NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.19461

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

6000.00

113150.00

**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 92 OF 134
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
248.50

Date of Receipt
 / /
03 / 13 / 2014

Transaction ID : SA14.841

Amount of Each Receipt this Period
 248.50

REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Amount of Each Receipt this Period

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

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

248.50

248.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 134			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 68.31
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I706
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2013
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 16.42
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I814
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 1/30

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 20.61
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I821
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 1/30

SUBTOTAL of Disbursements This Page (optional).....	68.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 319.07
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I707
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 73.35
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 18.59
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I816
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

SUBTOTAL of Disbursements This Page (optional).....	319.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 19.45
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 20.21
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I820
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 23.79
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I823
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period \$ 23.79
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I824
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period \$ 24.68
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I825
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 08 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period \$ 24.68
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I826
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/28

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 413.07
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I827
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 24.68
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I828
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/28

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 02 / 21 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 24.68
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I708
Office Sought: <input type="checkbox"/> House <input 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).....	413.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 01 / 13 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 126.32
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I691
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/21

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 18.59
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I815
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/21

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement MM / DD / YYYY 01 / 11 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 18.84
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I817
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 18.84
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I818
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/21

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 24.69
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I829
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/21

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 24.84
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I830
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] DANIELS 2/21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 27.61
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I831
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/21

Full Name (Last, First, Middle Initial) B. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 33.74
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I832
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/21

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 46.73
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I836
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] DANIELS 2/21

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I752
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement PAYROLL-BONUS	
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. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I753
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I754
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 102 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EMILY DANIELS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1314 HUFFMAN DR		Amount of Each Disbursement this Period 433.06
City SOUTH BEND State IN Zip Code 46614	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL & NON-TRAVEL EXPENSES	
Candidate Name		Transaction ID : SB17.I842
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] TRAVEL & NON-TRAVEL ADVANCES

Full Name (Last, First, Middle Initial) B. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 584.88
City MISHAWAKA State IN Zip Code 46545	Purpose of Disbursement REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I713
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 89.17
City MISHAWAKA State IN Zip Code 46545	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I689
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] JONES 1/10

SUBTOTAL of Disbursements This Page (optional).....	584.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 21.98
City MISHAWAKA State IN Zip Code 46545	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I822
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] JONES 1/10

Full Name (Last, First, Middle Initial) B. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 47.78
City MISHAWAKA State IN Zip Code 46545	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I837
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] JONES 1/10

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 72.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement P.O. BOX ANNUAL FEE	
Candidate Name		Transaction ID : SB17.I739
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM] JONES 1/10

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

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

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 30 / 2013

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.I771

[MEMO ITEM]
JONES 1/10

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

Mailing Address 5932 WINAMAC LAKE DR APT 1A

City MISHAWAKA State IN Zip Code 46545

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
02 / 24 / 2014

Amount of Each Disbursement this Period: 631.52

Transaction ID : SB17.I714

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

Mailing Address 5932 WINAMAC LAKE DR APT 1A

City MISHAWAKA State IN Zip Code 46545

Purpose of Disbursement MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
02 / 24 / 2014

Amount of Each Disbursement this Period: 112.21

Transaction ID : SB17.I690

[MEMO ITEM]
JONES 2/24

SUBTOTAL of Disbursements This Page (optional)..... 631.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. USPS		M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period	
City WASHINGTON State DC Zip Code 20260		220.00	
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I740	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		JONES 2/24	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. USPS		M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period	
City WASHINGTON State DC Zip Code 20260		147.00	
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I767	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		JONES 2/24	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. WALMART		M M / D D / Y Y Y Y 02 / 23 / 2014	
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period	
City BENTONVILLE State AR Zip Code 72712		39.56	
Purpose of Disbursement OFFICE SUPPLIES		Transaction ID : SB17.I806	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		JONES 2/24	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 741.00
City MISHAWAKA State IN Zip Code 46545	Purpose of Disbursement REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I715
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 147.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.I768
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] JONES 3/11

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 294.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB17.I770
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM] JONES 3/11

SUBTOTAL of Disbursements This Page (optional).....	741.00
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 107 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 300.00
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I772
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] JONES 3/11
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 2000.00
City MISHAWAKA	State IN	
Zip Code 46545	Purpose of Disbursement PAYROLL-BONUS	Transaction ID : SB17.I755
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. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 2500.00
City MISHAWAKA	State IN	
Zip Code 46545	Purpose of Disbursement SALARY	Transaction ID : SB17.I756
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).....	4500.00
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 108 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CHARLOTTE JONES		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 5932 WINAMAC LAKE DR APT 1A		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I757
City MISHAWAKA State IN Zip Code 46545	Purpose of Disbursement SALARY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JACKIE SWIHART		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 59555 COUNTY ROAD 3		Amount of Each Disbursement this Period 86.17 Transaction ID : SB17.I709
City ELKHART State IN Zip Code 46517	Purpose of Disbursement REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SPEEDWAY		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address P.O. BOX 1500		Amount of Each Disbursement this Period 48.58 Transaction ID : SB17.I835
City SPRINGFIELD State OH Zip Code 45501	Purpose of Disbursement GAS	
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).....	2586.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. JACKIE SWIHART		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 59555 COUNTY ROAD 3		Amount of Each Disbursement this Period 39.10
City ELKHART State IN Zip Code 46517	Purpose of Disbursement REIMBURSEMENT (BELOW THRESHOLD AMOUNT FOR ITEMIZATION)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I710
State: District:		

Full Name (Last, First, Middle Initial) B. JACKIE SWIHART		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 59555 COUNTY ROAD 3		Amount of Each Disbursement this Period 502.42
City ELKHART State IN Zip Code 46517	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)	Transaction ID : SB17.I711
State: District:		

Full Name (Last, First, Middle Initial) C. 7-ELEVEN		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 58458 SR 19		Amount of Each Disbursement this Period 65.67
City ELKHART State IN Zip Code 46516	Purpose of Disbursement GAS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I840
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	541.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. RED TOP EXECUTIVE SEDAN

Full Name (Last, First, Middle Initial)
Mailing Address 3251 WASHINGTON BLVD

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement TAXI-TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 244.02

Transaction ID : SB17.I694

[MEMO ITEM]
SWIHART 2/12

B. SPEEDWAY

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1500

City SPRINGFIELD State OH Zip Code 45501

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 61.49

Transaction ID : SB17.I838

[MEMO ITEM]
SWIHART 2/12

C. JACKIE SWIHART

Full Name (Last, First, Middle Initial)
Mailing Address 59555 COUNTY ROAD 3

City ELKHART State IN Zip Code 46517

Purpose of Disbursement REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 2245.47

Transaction ID : SB17.I712

SUBTOTAL of Disbursements This Page (optional) 2245.47

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. ALLEGIANT AIR		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address 8360 S DURAGO DR		Amount of Each Disbursement this Period 370.00
City LAS VEGAS	State NV	
Zip Code 89113	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I695
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] SWIHART 2/24
State: District:		

Full Name (Last, First, Middle Initial) B. EMBASSY SUITES		Date of Disbursement MM / DD / YYYY 02 / 19 / 2014
Mailing Address 755 CROSSOVER LN		Amount of Each Disbursement this Period 828.08
City MEMPHIS	State TN	
Zip Code 38117	Purpose of Disbursement LODGING	Transaction ID : SB17.I697
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] SWIHART 2/24
State: District:		

Full Name (Last, First, Middle Initial) C. ENTERPRISE LEASING COMPANY		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 703 W EDISON		Amount of Each Disbursement this Period 852.50
City MISHAWAKA	State IN	
Zip Code 46545	Purpose of Disbursement CAR RENTAL	Transaction ID : SB17.I698
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] SWIHART 2/24
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 53995 INDIANA SR 933		Amount of Each Disbursement this Period 194.89
City SOUTH BEND	State IN	Zip Code 46637
Purpose of Disbursement LODGING	Category/Type	
Candidate Name	Transaction ID : SB17.I693	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] SWIHART 2/24
State: District:		

Full Name (Last, First, Middle Initial) B. ACQUA AI 2		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 212 7TH ST SE		Amount of Each Disbursement this Period 378.45
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD & BEVERAGES	Category/Type	
Candidate Name	Transaction ID : SB17.I780	
Office Sought: <input type="checkbox"/> House <input 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. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 7.95
City EL PASO	State TX	Zip Code 79998
Purpose of Disbursement CC PROCESSING	Category/Type	
Candidate Name	Transaction ID : SB17.I720	
Office Sought: <input type="checkbox"/> House <input 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).....	386.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I721
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.I722
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address P.O. BOX 981540		Amount of Each Disbursement this Period 32.24 Transaction ID : SB17.I724
City EL PASO	State TX	
Zip Code 79998	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	48.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address P.O. BOX 981540			Amount of Each Disbursement this Period 98.56 Transaction ID : SB17.I725
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CC PROCESSING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address P.O. BOX 981540			Amount of Each Disbursement this Period 158.41 Transaction ID : SB17.I727
City EL PASO	State TX	Zip Code 79998	
Purpose of Disbursement CC PROCESSING		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. CAFE NAVARRE			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 101 N MICHIGAN ST.			Amount of Each Disbursement this Period 857.97 Transaction ID : SB17.I783
City SOUTH BEND	State IN	Zip Code 46601	
Purpose of Disbursement FOOD & BEVERAGES		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1114.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 188.15 Transaction ID : SB17.I776
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 422.66 Transaction ID : SB17.I781
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 45.63 Transaction ID : SB17.I685
City FALLS CHURCH State VA Zip Code 22043	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	656.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="800.00"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICE	Transaction ID : SB17.I741
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)		Date of Disbursement
B. CMDI		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="800.00"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	Transaction ID : SB17.I742
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)		Date of Disbursement
C. CMDI		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period <input type="text" value="800.00"/>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	Transaction ID : SB17.I743
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).....	<input type="text" value="2400.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 117 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		06		2014
M M	/	D D	/	Y Y Y Y									
01		06		2014									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>3.50</td> </tr> </table>		3.50									
3.50													
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I784											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> 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)		Date of Disbursement											
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		03		2014
M M	/	D D	/	Y Y Y Y									
02		03		2014									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>5.50</td> </tr> </table>		5.50									
5.50													
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I785											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> 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)		Date of Disbursement											
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		25		2014
M M	/	D D	/	Y Y Y Y									
02		25		2014									
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period											
City State Zip Code FALLS CHURCH VA 22043		<table border="1"> <tr> <td>24.30</td> </tr> </table>		24.30									
24.30													
Purpose of Disbursement CC PROCESSING		Transaction ID : SB17.I802											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> 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).....	33.30
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 118 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL INSTITUTE			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014	
Mailing Address 1700 DIAGONAL RD STE 730			Amount of Each Disbursement this Period 1423.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SB17.I717	
Purpose of Disbursement RETREAT		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. COPPER ROCK STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 11111 WILSON RD			Amount of Each Disbursement this Period 258.36	
City NEW BUFFALO	State MI	Zip Code 49117	Transaction ID : SB17.I779	
Purpose of Disbursement FOOD & BEVERAGES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ELAVON			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 7300 CHAPMAN HWY			Amount of Each Disbursement this Period 152.86	
City KNOXVILLE	State TN	Zip Code 37920	Transaction ID : SB17.I726	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1834.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 7300 CHAPMAN HWY		Amount of Each Disbursement this Period 202.41 Transaction ID : SB17.I728
City KNOXVILLE	State TN	
Zip Code 37920	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ELAVON		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 7300 CHAPMAN HWY		Amount of Each Disbursement this Period 286.12 Transaction ID : SB17.I729
City KNOXVILLE	State TN	
Zip Code 37920	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ELECTIONCFO, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 3027.82 Transaction ID : SB17.I731
City ALEXANDRIA	State VA	
Zip Code 22313	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:	

SUBTOTAL of Disbursements This Page (optional).....	3516.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. EXPRESS PRESS INCORPORATED		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 3505 W MCGILL		Amount of Each Disbursement this Period 199.61 Transaction ID : SB17.I769
City SOUTH BEND State IN Zip Code 46628	Purpose of Disbursement PRINTING	
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. EXPRESS PRESS INCORPORATED		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3505 W MCGILL		Amount of Each Disbursement this Period 2135.14 Transaction ID : SB17.I773
City SOUTH BEND State IN Zip Code 46628	Purpose of Disbursement PRINTING	
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. GRASSHOPPER GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 197 FIRST AVE STE 200		Amount of Each Disbursement this Period 17.60 Transaction ID : SB17.I796
City NEEDHAM State MA Zip Code 02494	Purpose of Disbursement PHONE SERVICES	
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).....	2352.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. GRASSHOPPER GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 197 FIRST AVE STE 200		Amount of Each Disbursement this Period 17.79
City NEEDHAM	State MA	
Zip Code 02494	Purpose of Disbursement PHONE SERVICES	Transaction ID : SB17.I797
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. GRASSHOPPER GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 197 FIRST AVE STE 200		Amount of Each Disbursement this Period 18.21
City NEEDHAM	State MA	
Zip Code 02494	Purpose of Disbursement PHONE SERVICE	Transaction ID : SB17.I798
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GS STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 350 N 9TH ST STE 550		Amount of Each Disbursement this Period 5000.00
City BOISE	State ID	
Zip Code 83702	Purpose of Disbursement CAMPAIGN CONSULTING	Transaction ID : SB17.I732
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).....	5036.00
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 122 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. GS STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 350 N 9TH ST STE 550		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I733
City BOISE	State ID Zip Code 83702	
Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GS STRATEGY GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 350 N 9TH ST STE 550		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I734
City BOISE	State ID Zip Code 83702	
Purpose of Disbursement CAMPAIGN 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. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.I686
City AUSTIN	State TX Zip Code 78704	
Purpose of Disbursement WEBSITE 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).....	10060.00
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 123 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I744
City AUSTIN State TX Zip Code 78704	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HARRIS MEDIA LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 611 S CONGRESS AVE STE 400		Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.I786
City AUSTIN State TX Zip Code 78704	Purpose of Disbursement WEBSITE EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ICONCONTACT		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5221 PARAMOUNT PKWY STE 200		Amount of Each Disbursement this Period 74.00 Transaction ID : SB17.I761
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement E-MAIL SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2581.00
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 124 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. ICONTACT		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 5221 PARAMOUNT PKWY STE 200		Amount of Each Disbursement this Period 74.00
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement E-MAIL SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I762
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ICONTACT		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 5221 PARAMOUNT PKWY STE 200		Amount of Each Disbursement this Period 74.00
City MORRISVILLE State NC Zip Code 27560	Purpose of Disbursement E-MAIL SERVICE	
Candidate Name	Category/Type	Transaction ID : SB17.I763
Office Sought: <input type="checkbox"/> House <input 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. INDIANA FEDERATION OF YOUNG REPUBLICANS		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 47 S MERIDIAN ST, FL 2		Amount of Each Disbursement this Period 250.00
City INDIANAPOLIS State IN Zip Code 46204	Purpose of Disbursement CONTRIBUTION	
Candidate Name	Category/Type	Transaction ID : SB17.I766
Office Sought: <input type="checkbox"/> House <input 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).....	398.00
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 125 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75 Transaction ID : SB17.I683
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement ACCOUNTING 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. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75 Transaction ID : SB17.I684
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement ACCOUNTING 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) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.I789
City MOUNTAIN VIEW	State CA	
Zip Code 94043	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	95.45
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 126 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 9.95
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	Transaction ID : SB17.I790
Office Sought: <input type="checkbox"/> House <input 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. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 9.95
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	Transaction ID : SB17.I791
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.I807
Office Sought: <input type="checkbox"/> House <input 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).....	62.65
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 127 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. JUDAY CREEK GOLF COURSE		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 14770 LINDY DR		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.I782
City GRANGER State IN Zip Code 46530	Purpose of Disbursement EVENT CATERING EXPENSE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 10400 FERNWOOD RD		Amount of Each Disbursement this Period 248.50 Transaction ID : SB17.I777
City BETHESDA State MD Zip Code 20817	Purpose of Disbursement TRAVEL - LODGING	
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. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 10400 FERNWOOD RD		Amount of Each Disbursement this Period 248.50 Transaction ID : SB17.I778
City BETHESDA State MD Zip Code 20817	Purpose of Disbursement LODGING	
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).....	997.00
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 128 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. REPUBLICAN JEWISH COALITION		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 50 F STREET, N.W., SUITE 100		Amount of Each Disbursement this Period 340.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement EVENT TICKET	Transaction ID : SB17.I716
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. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 387.00
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I696
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. SPALDING GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2306 FRANKFORT AVE.		Amount of Each Disbursement this Period 4561.16
City LOUISVILLE State KY Zip Code 40206	Purpose of Disbursement WEBSITE SERVICES	Transaction ID : SB17.I718
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).....	5288.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY, STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2014

Amount of Each Disbursement this Period: 46.01

Transaction ID : SB17.I745

B. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY, STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 46.01

Transaction ID : SB17.I746

C. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY, STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 46.01

Transaction ID : SB17.I747

SUBTOTAL of Disbursements This Page (optional) 138.03

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 134			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Walorski for Congress

A. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY, STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER TAX ADJUSTMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 07 / 2014

Amount of Each Disbursement this Period: 168.00

Transaction ID : SB17.I748

B. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY, STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 315.03

Transaction ID : SB17.I749

C. SUREPAYROLL

Full Name (Last, First, Middle Initial)
Mailing Address 2350 RAVINE WAY, STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 394.42

Transaction ID : SB17.I750

SUBTOTAL of Disbursements This Page (optional) 877.45

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 131 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 2350 RAVINE WAY, STE 100		Amount of Each Disbursement this Period 430.00 Transaction ID : SB17.I751
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement EMPLOYER PAYROLL TAXES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE ELKHART TRUTH NEWSPAPER		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 421 S 2ND ST		Amount of Each Disbursement this Period 14.30 Transaction ID : SB17.I793
City ELKHART State IN Zip Code 46516	Purpose of Disbursement SUBSCRIPTION	
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. THE ELKHART TRUTH NEWSPAPER		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 421 S 2ND ST		Amount of Each Disbursement this Period 14.30 Transaction ID : SB17.I794
City ELKHART State IN Zip Code 46516	Purpose of Disbursement SUBSCRIPTION	
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).....	458.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. THE ELKHART TRUTH NEWSPAPER		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 421 S 2ND ST		Amount of Each Disbursement this Period 14.30
City ELKHART State IN Zip Code 46516	Purpose of Disbursement SUBSCRIPTION	
Candidate Name		Transaction ID : SB17.I795
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE GULA GRAHAM GROUP		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 256.91
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	
Candidate Name		Transaction ID : SB17.I730
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE GULA GRAHAM GROUP		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 5348.75
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	
Candidate Name		Transaction ID : SB17.I735
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5619.96
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 133 OF 134	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial)
A. THE GULA GRAHAM GROUP

Mailing Address 499 S CAPITOL ST SW STE 420

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 7529.20

Transaction ID : SB17.I736

Full Name (Last, First, Middle Initial)
B. UNISOURCE DIRECT LLC

Mailing Address P.O. BOX 802

City WATERTOWN State WI Zip Code 53094

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 10 / 2014

Amount of Each Disbursement this Period: 8036.65

Transaction ID : SB17.I719

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

Mailing Address 777 BIG TIMBER ROAD

City ELGIN State IL Zip Code 60123

Purpose of Disbursement CELL SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2014

Amount of Each Disbursement this Period: 291.74

Transaction ID : SB17.I702

SUBTOTAL of Disbursements This Page (optional) 15857.59

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 134			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Walorski for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 291.98
City ELGIN State IL Zip Code 60123	Purpose of Disbursement CELL SERVICE	
Candidate Name		Transaction ID : SB17.I703
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 301.98
City ELGIN State IL Zip Code 60123	Purpose of Disbursement PHONE SERVICES	
Candidate Name		Transaction ID : SB17.I704
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 777 BIG TIMBER ROAD		Amount of Each Disbursement this Period 307.22
City ELGIN State IL Zip Code 60123	Purpose of Disbursement CELL SERVICE	
Candidate Name		Transaction ID : SB17.I705
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	901.18
TOTAL This Period (last page this line number only).....	79344.22