

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

JOE WALSH FOR CONGRESS COMMITTEE, INC.

ADDRESS (number and street) ▼

830 W. ROUTE 22 -BOX 56

Check if different than previously reported. (ACC)

LAKE ZURICH

IL

60047

2. **FEC IDENTIFICATION NUMBER** ▼

C C00473579

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IL

08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ / through / /

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

Type or Print Name of Treasurer Helene M. Miller-Walsh

Signature of Treasurer Helene M. Miller-Walsh

[Electronically Filed]

Date

/ /

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

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JOE WALSH FOR CONGRESS COMMITTEE, INC.

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))....	0.00	10524.53
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	10024.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22265.39	58846.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	355.58	355.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21909.81	58490.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	146.61	
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).....	7402.55	

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

JOE WALSH FOR CONGRESS COMMITTEE, INC.

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).....	0.00	4300.00
(ii) Unitemized.....	0.00	6224.53
(iii) TOTAL of contributions from individuals ▶	0.00	10524.53
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	10524.53
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	1923.00
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.)	355.58	355.58
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)..... ▶	355.58	12803.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22265.39	58846.28
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	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	2500.00	24500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24765.39	83846.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24556.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	355.58
25. SUBTOTAL (add Line 23 and Line 24).....	24912.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24765.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	146.61

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Amended to correct outstanding debt totals.

Form/Schedule:
Transaction ID:

**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 24
	<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	

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)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial)
Chase Bank

Mailing Address 1st Bank Plaza

City Lake Zurich State IL Zip Code 60047

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
345.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA14.28778

Amount of Each Receipt this Period
345.41

Fee 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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

345.41

345.41

**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 7 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Anthony Barry		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address 502 Teri Lane		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.28743
City Yorkville State IL Zip Code 60560	Purpose of Disbursement Strategic Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> 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. Anthony Barry		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 502 Teri Lane		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.28755
City Yorkville State IL Zip Code 60560	Purpose of Disbursement Strategic Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2013
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 127.50 Transaction ID : SB17.28711
City Washington State DC Zip Code 20003	Purpose of Disbursement Meeting-Meals Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> 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).....	7127.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Catering Enterprises, Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 550 Shriners Dr.		Amount of Each Disbursement this Period 2573.97 Transaction ID : SB17.28771
City Addison	State IL Zip Code 60101	
Purpose of Disbursement Event Catering	Category/Type 001	
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. Comed		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2013
Mailing Address P.O. Box 805379		Amount of Each Disbursement this Period 99.37 Transaction ID : SB17.28734
City Chicago	State IL Zip Code 60680	
Purpose of Disbursement Utilities	Category/Type 001	
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. Alexander Hemsley		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address 1220 Barclay Circle		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.28741
City Inverness	State IL Zip Code 60010	
Purpose of Disbursement Adminstrative Consulting	Category/Type 001	
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).....	3673.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Huckaby Davis Lisker, Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2013	
Mailing Address 228 S. Washington St., Ste. 115			Amount of Each Disbursement this Period 1656.35	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.28751	
Purpose of Disbursement Compliance Consulting		001 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. iDonate Pro			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2013	
Mailing Address 2033 San Elijo Ave #203			Amount of Each Disbursement this Period 375.00	
City Cardiff by the Sea	State CA	Zip Code 92007	Transaction ID : SB17.28747	
Purpose of Disbursement Online Fees		001 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. Illinois Department of Employment Security			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2013	
Mailing Address P.O. Box 19300			Amount of Each Disbursement this Period 295.37	
City Springfield	State IL	Zip Code 62794	Transaction ID : SB17.28719	
Purpose of Disbursement Payroll Taxes		001 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).....	2326.72
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 10 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Illinois Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2013
Mailing Address P.O. Box 199447		Amount of Each Disbursement this Period 70.73 Transaction ID : SB17.28726
City Springfield	State IL	
Zip Code 62794	Purpose of Disbursement Payroll Taxes	Category/ Type 001
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 QB		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 219.78 Transaction ID : SB17.28703
City Mountain View	State CA	
Zip Code 94943	Purpose of Disbursement Software	Category/ Type 001
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. IRS		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address Payment Center		Amount of Each Disbursement this Period 348.21 Transaction ID : SB17.28723
City Ogden	State UT	
Zip Code 84205	Purpose of Disbursement Payroll Taxes	Category/ Type 001
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).....	638.72
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 11 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Peggy Kinnane's		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2013
Mailing Address 8 N. Vail		Amount of Each Disbursement this Period 239.14 Transaction ID : SB17.28701
City Arlington	State IL	
Zip Code 60005	Purpose of Disbursement Meeting-Meals	Category/ Type 001
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. PKL Consulting		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2013
Mailing Address 621 Thornwood Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.28721
City Northfield	State IL	
Zip Code 60093	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
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. Reachfly		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 440 Westwood Court Suite A		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.28728
City Crystal Lake	State IL	
Zip Code 60014	Purpose of Disbursement Telemarketing	Category/ Type 003
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).....	2339.14
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 12 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Schuyler, Roche ,Crisham, P.C.		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2013
Mailing Address 1 Prudential Plaza-130 E. Randolph Suite 3800		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.28753
City Chicago State IL Zip Code 60601	Purpose of Disbursement Legal Fees 001 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. SCM Associates		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2013
Mailing Address PO Box		Amount of Each Disbursement this Period 371.70 Transaction ID : SB17.28749
City Dublin State NH Zip Code 03444	Purpose of Disbursement Printing 001 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. Kevin Sorci		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address 7516 Little Fawn Trace		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.28738
City Crystal Lake State IL Zip Code 60012	Purpose of Disbursement Adminstrative Consulting 001 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).....	3371.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 502.25 Transaction ID : SB17.28730
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cell Phone	Category/ Type 001
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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 305.55 Transaction ID : SB17.28745
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cell Phone	Category/ Type 001
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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 639.79 Transaction ID : SB17.28713
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement Cell Phones	Category/ Type 001
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).....	1447.79
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 14 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. Alec Zender		Date of Disbursement MM / DD / YYYY 02 / 05 / 2013
Mailing Address 2550 Dogwood Dr.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.28736
City Wauconda	State IL	
Purpose of Disbursement Adminstrative Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	21924.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. GRAVES FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address 2345 GRAND, SUITE 2400			Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.28763
City KANSAS CITY	State MO	Zip Code 64108	
Purpose of Disbursement Contribution		Category/ Type 011	
Candidate Name SAMUEL B 'SAM' GRAVES			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MO	District: 06		

Full Name (Last, First, Middle Initial) B. JIM JORDAN FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address 1709 STATE ROUTE 560 SOUTH			Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.28767
City URBANA	State OH	Zip Code 43078	
Purpose of Disbursement Contribution		Category/ Type 011	
Candidate Name JAMES D. JORDAN			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: OH	District: 04		

Full Name (Last, First, Middle Initial) C. KANSANS FOR HUELSKAMP			Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address PO BOX 410			Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.28762
City FOWLER	State KS	Zip Code 67844	
Purpose of Disbursement Contribution		Category/ Type 011	
Candidate Name TIMOTHY A HUELSKAMP			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS	District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 16 OF 24			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
JOE WALSH FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial) A. RAUL LABRADOR FOR IDAHO		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address PO BOX 1616		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.28768
City BOISE State ID Zip Code 83701	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name RAUL LABRADOR	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ID District: 01		

Full Name (Last, First, Middle Initial) B. RON DESANTIS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2013
Mailing Address PO BOX 405		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.28758
City POINTE VEDRA State FL Zip Code 32004	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name RONALD D DESANTIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Contribution 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).....	1000.00
TOTAL This Period (last page this line number only).....	2500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

JOE WALSH FOR CONGRESS COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catering Enterprises, Inc	Nature of Debt (Purpose): Event Catering
Mailing Address 550 Shriners Dr.	
City State Zip Code Addison IL 60101	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2573.97"/>	Transaction ID : SD10.28690
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="2573.97"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CBC Tax & Accounting	Nature of Debt (Purpose): Accounting, banking, FEC reporting, following up on campaign issues
Mailing Address 1843 Hicks Rd Suite A	
City State Zip Code Rolling Meadows IL 60008	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="4425.00"/>	Transaction ID : SD10.16684
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="4425.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast	Nature of Debt (Purpose): Utilities
Mailing Address 2508 W Route 120	
City State Zip Code McHenry IL 60051	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="860.58"/>	Transaction ID : SD10.28692
Amount Incurred This Period <input style="width:100%;" type="text" value="-860.58"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="4425.00"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.16684

The debt reported to CBC Accounting is in dispute

Form/Schedule: SD10

Transaction ID: SD10.28692

Comcast Debt-Adjusted by vendor--confirmed no balance due.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

JOE WALSH FOR CONGRESS COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker, Inc.		Nature of Debt (Purpose): Compliance Consulting
Mailing Address 228 S. Washington St., Ste. 115		
City	State	Zip Code
Alexandria	VA	22314

Outstanding Balance Beginning This Period	Transaction ID : SD10.28718	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2481.35	1656.35	825.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mary Lou Karas		Nature of Debt (Purpose): Accounting Services
Mailing Address 25528 Paddock Ln.		
City	State	Zip Code
TowerLakes	IL	60010

Outstanding Balance Beginning This Period	Transaction ID : SD10.28717	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1623.23	0.00	1623.23

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RA Adams Enterprises		Nature of Debt (Purpose): Rental of trailer for August
Mailing Address 2600 W Rt 120		
City	State	Zip Code
McHenry	IL	60051

Outstanding Balance Beginning This Period	Transaction ID : SD10.8130	
1200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-1200.00	0.00	0.00

1) SUBTOTALS This Period This Page (optional)	▶	2448.23
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.8130

RA Adams Debt-Adjusted by vendor--confirmed no balance due.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

JOE WALSH FOR CONGRESS COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RA Adams Enterprises	Nature of Debt (Purpose): Monthly rental on trailer
Mailing Address 2600 W Rt 120	
City State Zip Code McHenry IL 60051	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1200.00</div>	Transaction ID : SD10.15269
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">-1200.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RA Adams Enterprises	Nature of Debt (Purpose): Monthly rental for trailer
Mailing Address 2600 W Rt 120	
City State Zip Code McHenry IL 60051	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1200.00</div>	Transaction ID : SD10.15561
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">-1200.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Schuyler, Roche ,Crisham, P.C.	Nature of Debt (Purpose): Legal services in regard to prparqtion of recount
Mailing Address 1 Prudential Plaza-130 E. Randolph Suite 3800	
City State Zip Code Chicago IL 60601	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">16127.31</div>	Transaction ID : SD10.16686
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">-14127.31</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2000.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.15269

RA Adams Debt-Adjusted by vendor--confirmed no balance due.

Form/Schedule: SD10

Transaction ID: SD10.15561

RA Adams Debt-Adjusted by vendor--confirmed no balance due.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.16686

Schuyler, Roche, Crisham PC Debt-Adjusted by vendor--confirmed no balance due.

Form/Schedule:

Transaction ID:

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

JOE WALSH FOR CONGRESS COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JOE WALSH

Mailing Address 2210 WOODLAWN PARK AVE.

City State Zip Code
 MCHENRY IL 60051

Nature of Debt (Purpose):
 Event Catering

Outstanding Balance Beginning This Period **Transaction ID : SD10.21610**
 529.32

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 529.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	529.32
2) TOTALS This Period (last page this line number only)	7402.55
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	7402.55