



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Plummer for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	272909.77	1266508.62
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	272909.77	1266508.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	410006.65	1188799.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	554.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	410006.65	1188245.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11620.61	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	168247.49	

**For further information contact:**

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

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

: 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 contribution election designations and to add debt owed to Jason Plummer.

Form/Schedule:  
Transaction ID:

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Plummer for Congress

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
51625.00	556208.00	650.00
<b>(ii) Unitemized</b>		
8102.77	71983.62	50.00
<b>(iii) Total of contributions from individuals</b>		
59727.77	628191.62	700.00
<b>(b) Political Party Committees</b>		
5000.00	12175.00	0.00
<b>(c) Other Political Committees</b>		
208182.00	626142.00	5000.00

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 122

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
272909.77	1266508.62	5700.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
7108.00	11728.63	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	60000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	60000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	554.20	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
280017.77	1338791.45	5700.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 122

Write or Type Committee Name

Plummer for Congress

Report Covering the Period: From:    To:

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
410006.65	1188799.77	94088.18
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 122

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

**21. OTHER DISBURSEMENTS**

20000.00

50000.00

0.00

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

430006.65

1238799.77

94088.18

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

272909.77

1266508.62

5700.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

410006.65

1188245.57

94088.18

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

161609.49

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

280017.77

25. SUBTOTAL (add Line 23 and Line 24).....

441627.26

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

430006.65

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

11620.61

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

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

FOR LINE NUMBER: PAGE 8 OF 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ED BACHRACH**

Mailing Address 1555 ASTOR STREET

City State Zip Code  
CHICAGO IL 60610-1673

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

Name of Employer Occupation  
SELF INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2731**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PAMELA BAUER**

Mailing Address 918 FREEBURG AVE

City State Zip Code  
BELLEVILLE IL 62220-2623

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

Name of Employer Occupation  
EMPIRE COMFORT SYSTEMS EMPIRE COMFORT SYSTEMS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.2826**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN L. BEAL**

Mailing Address 1000 SHAWNEE STREET

City State Zip Code  
MT. VERNON IL 62864-5418

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

Name of Employer Occupation  
NATIONAL RAILWAY MANAGEMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.2615**

Amount of Each Receipt this Period  
 1000.00  
 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: PAGE 9 OF 122  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JULIE L. BERNSTEIN**

Mailing Address 100 EAST HURON STREET

City State Zip Code  
CHICAGO IL 60611-2932

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

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 24 2012

**Transaction ID : SA11.2575**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY D. BIGHAM**

Mailing Address 1851 ZOLLER ROAD

City State Zip Code  
VERGENNES IL 62994-1212

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 24 2012

**Transaction ID : SA11.2590**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KAREN BRENGARD**

Mailing Address 18 GREYSTONE LANE

City State Zip Code  
EDWARDSVILLE IL 62025-3881

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

Name of Employer Occupation  
FIRST BANKERS' BANC SECURITIES, INC. SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 23 2012

**Transaction ID : SA11.2851**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3250.00

**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 122
	<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)  
**Plummer for Congress**

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

Mailing Address 3125 WEST STRIEGEL

City CARBONDALE State IL Zip Code 62901-5415

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

Name of Employer CHARLIE B. BROWN AND ASSOCIATES, LTD Occupation REAL ESTATE DEVELOPER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11.2832**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW W. CARTER**

Mailing Address 176 POWELL ROAD

City RED BUD State IL Zip Code 62278-2400

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

Name of Employer KNIGHT HAWK COAL, LLC Occupation SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11.2836**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOREN D. CLOSE**

Mailing Address 2503 HUNTERS RIDGE

City EDWARDSVILLE State IL Zip Code 62025-3061

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

Name of Employer L.D.C. HOMES INC. Occupation CARPENTER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.2837**

Amount of Each Receipt this Period  
 250.00

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 11 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES DAECH**

Mailing Address 6024 TIMBERWOLF DRIVE

City State Zip Code  
GLEN CARBON IL 62034-1371

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

Name of Employer Occupation  
SELF EMPLOYED CONTRACTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2772**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PAUL DELL**

Mailing Address 700 WEST MORSE BOULEVARD  
SUITE 201

City State Zip Code  
WINTER PARK FL 32789-3768

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

Name of Employer Occupation  
SELF EMPLOYED DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : SA11.2623**

Amount of Each Receipt this Period  
**2000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KAREN DROSTE**

Mailing Address 19147 STATE ROUTE 15

City State Zip Code  
NASHVILLE IL 62263-5017

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11.2730**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

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

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

**2550.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 12 OF 122

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEBRA FANSLER**  
 Mailing Address 10 N. CENTER, P.O. BOX 266  
 City EAST ALTON State IL Zip Code 62024-0266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PLUMMER FOR CONGRESS Occupation MANAGER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2012  
**Transaction ID : SA11.2797**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION  
 IN-TRAVEL

**B.** Full Name (Last, First, Middle Initial)  
**GREGORY A. FOXX**  
 Mailing Address 24 UPPER LADUE ROAD  
 City SAINT LOUIS State MO Zip Code 63124-1675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARBOUR GROUP Occupation GROUP PRESIDENT  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11.2806**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. GAYLE A. FREY**  
 Mailing Address 3437 FAIRWAY DRIVE  
 City HIGHLAND State IL Zip Code 62249-2856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREY PROPERTIES Occupation SELF EMPLOYED  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2012  
**Transaction ID : SA11.2827**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

2900.00

**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 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS GILBERT**

Mailing Address 9665 WILSHIRE BLVD  
801

City State Zip Code  
BEVERLY HILLS CA 90212-2340

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

Name of Employer Occupation  
DENNIS J GILBERT INC WEALTH TRANSFER PLANNING / LIFE INSU

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.2808**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DENNIS GILBERT**

Mailing Address 9665 WILSHIRE BLVD  
801

City State Zip Code  
BEVERLY HILLS CA 90212-2340

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

Name of Employer Occupation  
DENNIS J GILBERT INC WEALTH TRANSFER PLANNING / LIFE INSU

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.28081**

Amount of Each Receipt this Period  
2500.00

PRIMARY DEBT CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH F. GRASSO**

Mailing Address 215 WEST WATER STREET

City State Zip Code  
PINCKNEYVILLE IL 62274-1003

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

Name of Employer Occupation  
SELF EMPLOYED OPTOMETRIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2588**

Amount of Each Receipt this Period  
250.00

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 14 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**COLLEEN GROSZ**

Mailing Address 155 N HARBOR DRIVE #3612

City CHICAGO State IL Zip Code 60601-7368

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.2846**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN HALSTON**

Mailing Address 1345 TRAPP LANE

City WINNETKA State IL Zip Code 60093-1632

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

Name of Employer QLTRADING Occupation FINANCE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2859**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 1345 TRAPP LANE

City WINNETKA State IL Zip Code 60093-1632

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

Name of Employer QLTRADING Occupation FINANCE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.28591**

Amount of Each Receipt this Period  
 2500.00  
 PRIMARY DEBT 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 15 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES L. HANFELDER**

Mailing Address 680 WASHINGTON AVENUE

City EAST ALTON State IL Zip Code 62024-1228

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.2671**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES L. HANFELDER**

Mailing Address 680 WASHINGTON AVENUE

City EAST ALTON State IL Zip Code 62024-1228

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2768**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDWIN E. HARDT**

Mailing Address 13105 E 1ST ROAD

City LITCHFIELD State IL Zip Code 62056-4059

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

Name of Employer SELF EMPLOYED Occupation SELF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.2819**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RAYMOND CHRISTOPHER HECK**

Mailing Address 440 NORTH WABASH AVE.  
UNIT 2307

City CHICAGO State IL Zip Code 60611-3555

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

Name of Employer KIRKLAND & ELLIS LLP Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.2823**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES J. HEINZ**

Mailing Address 433 BANDMOUR PLACE

City O'FALLON State IL Zip Code 62269-4133

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

Name of Employer MULTIBAND ENGINEERING AND WIRELESS, Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : SA11.2522**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARY HELMS**

Mailing Address 9461 HESS ROAD

City EDWARDSVILLE State IL Zip Code 62025-7105

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

Name of Employer SECRETARY Occupation RP LUMBER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2774**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 122
	<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)  
**Plummer for Congress**

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

Mailing Address 100 N. MORELAND RD

City MORO State IL Zip Code 62067-1512

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

Name of Employer HENKE AUCTION & REALTY LLC Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **615.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2765**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILLIP JOSH HICKAM**

Mailing Address 2513 JENNIFER CROSSING

City GRANITE CITY State IL Zip Code 62040-2672

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

Name of Employer ALTERED GROUNDS OUTDOOR SERVICES Occupation LANDSCAPE/SALES/OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.2703**

Amount of Each Receipt this Period  
**300.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE B. HOLLAND**

Mailing Address 4495 NORTH ILLINOIS STREET

City SWANSEA State IL Zip Code 62226-1005

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

Name of Employer HOLLAND CONSTRUCTION SERVICES Occupation CONSTRUCTION EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.2714**

Amount of Each Receipt this Period  
**250.00**

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 18 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSH HOLLY**

Mailing Address **825 SOUTH MONROE STREET**

City **ARLINGTON** State **VA** Zip Code **22204-1537**

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

Name of Employer **THE PODESTA GROUP** Occupation **GOVERNMENT AND PUBLIC RELATIONS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2816**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KURT E. JOHNSON**

Mailing Address **7808 BANGERT LANE**

City **EDWARDSVILLE** State **IL** Zip Code **62025-6220**

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

Name of Employer **MIDWEST TRANS-LOAD** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2012**

**Transaction ID : SA11.2857**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK KASPER**

Mailing Address **1630 N. HIDDEN FALLS CT.**

City **DE PERE** State **WI** Zip Code **54115-3389**

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

Name of Employer **AMERHART, LTD.** Occupation **CEO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2012**

**Transaction ID : SA11.2854**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEITH KEHRER**

Mailing Address 1052 OXFORD HILL ROAD

City OFALLON State IL Zip Code 62269-6824

FEC ID number of contributing federal political committee.

Name of Employer BRYAN CAVE LLP Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2822**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 311 N SHAMROCK STREET

City EAST ALTON State IL Zip Code 62024-1126

FEC ID number of contributing federal political committee.

Name of Employer JNT SALES INC. Occupation MARKETING DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2833**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 1949 KLAUSE-GEIGER ROAD

City HIGHLAND State IL Zip Code 62249-4525

FEC ID number of contributing federal political committee.

Name of Employer BLUE PUPPY SOLUTIONS INC. Occupation BUSINESSMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2801**

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 20 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICK W. KRONE**

Mailing Address 1148 WELLS STREET

City State Zip Code  
DUQUOIN IL 62832-4184

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.2732**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM EDWIN LEWIS**

Mailing Address 206 TOTEM RD

City State Zip Code  
LOUISVILLE KY 40207-1533

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

Name of Employer Occupation  
ED LEWIS SALES SALES REP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2627**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 222 EAST PEARSON UNIT 2002

City State Zip Code  
CHICAGO IL 60611-2336

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

Name of Employer Occupation  
PEOPLE'S BUILDING CENTERS PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11.2856**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KAREN MARTIN**

Mailing Address **221 SOUTH NEUNABER DRIVE**

City **BETHALTO** State **IL** Zip Code **62010-2151**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2781**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN A. MCGAHEY**

Mailing Address **20595 EAST RIVER ROAD**

City **PALESTINE** State **IL** Zip Code **62451-2516**

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

Name of Employer **TEMPCO PROD COMPANY** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.2621**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM S. MEYER**

Mailing Address **P.O. BOX 422**

City **HAMEL** State **IL** Zip Code **62046-0422**

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

Name of Employer **HAMEL MUTUAL INSURANCE** Occupation **INSURANCE AGENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2771**

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 22 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E. MURRAY**

Mailing Address 29325 CHAGRIN BOULEVARD  
SUITE 300

City State Zip Code  
PEPPER PIKE OH 44122-4600

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MURRAY ENERGY CORPORATION PRESIDENT AND CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2777**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD GORDON MYERS**

Mailing Address 7053 KINGSBUTY BLVD

City State Zip Code  
ST. LOUIS MO 63130-4305

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
US BANK BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : SA11.2831**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MYRON C. NEFF**

Mailing Address 5919 L. ROAD

City State Zip Code  
WATERLOO IL 62298-5029

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2767**

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 23 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM C. NORTON**

Mailing Address 11167 NORTON LANE

City State Zip Code  
SPARTA IL 62286-3028

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2602**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. FREDERICK D. PALMER**

Mailing Address 57 FAIR OAKS DRIVE

City State Zip Code  
SAINT LOUIS MO 63124-1521

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

Name of Employer Occupation  
PEABODY ENERGY EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2314**

Amount of Each Receipt this Period  
-2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
**GAIL PALMER**

Mailing Address 57 FAIR OAKS DRIVE

City State Zip Code  
SAINT LOUIS MO 63124-1521

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2669**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 24 OF 122  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT L. PARKER**

Mailing Address P.O. BOX 12463

City State Zip Code  
BEAUMONT TX 77726-2463

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

Name of Employer Occupation  
PARKER LUMBER CO. EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 01 2012

**Transaction ID : SA11.2697**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN PETHOKOUKIS**

Mailing Address 614 52ND PLACE

City State Zip Code  
WESTERN SPRINGS IL 60558-2013

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

Name of Employer Occupation  
MORGAN STANLEY FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 25 2012

**Transaction ID : SA11.2864**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD PORTER**

Mailing Address 875 BRYANT AVE

City State Zip Code  
WINNETKA IL 60093-1903

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 25 2012

**Transaction ID : SA11.2862**

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 25 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID G. POWLESS**

Mailing Address 1504 BRYAN DRIVE  
1504 BRYAN DRIVE

City State Zip Code  
MARION IL 62959-1460

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

Name of Employer Occupation  
KEMPER CPA GROUP CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2624**

Amount of Each Receipt this Period  
25.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAN PROFT**

Mailing Address 505 N. LAKE SHORE DRIVE

City State Zip Code  
CHICAGO IL 60611-3427

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

Name of Employer Occupation  
STARFISH INC. PRINCIPAL

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.2840**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. GAYL S. PYATT**

Mailing Address 4993 PYATT CUTLER ROAD

City State Zip Code  
PINCKNEYVILLE IL 62274-3918

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2589**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE RIEDLE**

Mailing Address 106 CARRINGTON COURT

City State Zip Code  
EDWARDSVILLE IL 62025-3105

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
R.P. LUMBER CO ADMINISTRATION

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2694**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOAMS J. ROESER**

Mailing Address 1209 LAKE SHORE DRIVE

City State Zip Code  
BARRINGTON IL 60010-3428

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OTTO ENGINEERING, INC. ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2775**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOAMS J. ROESER**

Mailing Address 1209 LAKE SHORE DRIVE

City State Zip Code  
BARRINGTON IL 60010-3428

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OTTO ENGINEERING, INC. ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2776**

Amount of Each Receipt this Period

CONTRIBUTION

PRIMARY DEBT

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

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

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

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

FOR LINE NUMBER: PAGE 27 OF 122  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WENDELL R. ROSS**

Mailing Address 302 DRY STREET

City EAST ALTON State IL Zip Code 62024-1010

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

Name of Employer NEWSSOR MANUFACTURERS Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2769**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JACK SCHMITT**

Mailing Address 127 REGENCY PARK

City O'FALLON State IL Zip Code 62269-1869

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

Name of Employer OWNER Occupation SCHMITT CHEVY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2704**

Amount of Each Receipt this Period  
 350.00  
 CONTRIBUTION

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

Mailing Address 913 CARLA DR

City TROY State IL Zip Code 62294-3153

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

Name of Employer HOME TELEPHONE COMPANY Occupation CENTRAL OFFICE MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2012

**Transaction ID : SA11.2815**

Amount of Each Receipt this Period  
 100.00  
 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 28 OF 122
	<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)  
**Plummer for Congress**

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

Mailing Address **208 EAST 3RD STREET  
BOX 215**

City **SAINT JACOB** State **IL** Zip Code **62281**

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

Name of Employer **HOME TELEPHONE COMPNAY** Occupation **VICE PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.2571**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**C. W. SEELY**

Mailing Address **815 WEST 10TH STREET**

City **FORT WORTH** State **TX** Zip Code **76102-3528**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : SA11.2693**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAY D. SHATTUCK**

Mailing Address **10 COUNTRY LAKE ROAD**

City **SPRINGFIELD** State **IL** Zip Code **62711-6116**

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

Name of Employer **SHATTUCK & ASSOCIATES** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : SA11.2632**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**750.00**

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

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

FOR LINE NUMBER: PAGE 29 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address 2010 NORTH FREMONT

City State Zip Code  
CHICAGO IL 60614-4312

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

Name of Employer Occupation  
FINANCIAL CONTROLLERS, INC. ACCOUNTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 29 2012

**Transaction ID : SA11.2681**

Amount of Each Receipt this Period  
 CONTRIBUTION  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN C. SNIDER**

Mailing Address 4416 BRIXWORTH COURT

City State Zip Code  
FORT WAYNE IN 46835-4609

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 24 2012

**Transaction ID : SA11.2580**

Amount of Each Receipt this Period  
 CONTRIBUTION  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CRAIG P. TAYLOR**

Mailing Address 1825 SHILOH VALLEYDRIVE

City State Zip Code  
WLDWOOD MO 63005-8420

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

Name of Employer Occupation  
U GAS PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 29 2012

**Transaction ID : SA11.2686**

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

**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 30 OF 122
	<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)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. ULAKEY**

Mailing Address 3043 MOCKINGBIRD

City State Zip Code  
GRANITE CITY IL 62040-5270

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2867**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 7002 SEMINARY RIDGE COURT

City State Zip Code  
EDWARDSVILLE IL 62025-3109

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

Name of Employer Occupation  
VALLOW FLOOR COVERINGS, INC. CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.2696**

Amount of Each Receipt this Period  
750.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JOAN VOGES**

Mailing Address 11113 OBST ROAD

City State Zip Code  
RED BUD IL 62278-4225

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2675**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD L. WATSON**

Mailing Address 302 BANNER STREET

City State Zip Code  
EDWARDSVILLE IL 62025-1412

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BANK OF EDWARDSVILLE BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2728**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE WEBER**

Mailing Address 818 CHARLOTTE

City State Zip Code  
COLUMBIA IL 62236-1982

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WEBER CHEVROLET SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2841**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GARY WILLIAM WEDEKEMPER**

Mailing Address 13405 FERRIN ROAD

City State Zip Code  
CARLYLE IL 62231-3813

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WEDEKEMPER'S, INC. SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.2811**

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address 5 KNOLLWOOD DRIVE

City State Zip Code  
CHESTER IL 62233-1416

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

Name of Employer Occupation  
GLISTER MARY LEE CORPORATION MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2673**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

Mailing Address 7092 BUTTERCREEK ROAD

City State Zip Code  
EVANSVILLE IL 62242-2130

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

Name of Employer Occupation  
WOODY'S MUNICIPAL SUPPLY CO. SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2620**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CAROL A. WETZEL**

Mailing Address 18 GINGER CREST DRIVE

City State Zip Code  
GLEN CARBON IL 62034-3513

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2670**

Amount of Each Receipt this Period  
500.00

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 33 OF 122
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TRAVIS LEE WIDMAN**

Mailing Address 2018 SAVANNAH TRACE

City ALTON State IL Zip Code 62002-7152

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

Name of Employer: WIDMAN CONSTRUCTION Occupation: OPERATIONS MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2012

**Transaction ID : SA11.2527**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. LARRY J. ZIGLAR**

Mailing Address 903 PINEDA LANE

City STAUNTON State IL Zip Code 62088-2328

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

Name of Employer: FIRST NATIONAL BANK OF STAUNTON Occupation: PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 850.00

Date of Receipt: 11 / 26 / 2012

**Transaction ID : SA11.2798**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FREY PROPERTIES OF HIGHLAND, LLC**

Mailing Address P.O. BOX 467

City HIGHLAND State IL Zip Code 62249-0467

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 24 / 2012

**Transaction ID : SA11.2610**

Amount of Each Receipt this Period: 500.00

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: PAGE 34 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HUDGINS ORTHODONTICS**

Mailing Address 1180 CEDAR CT

City CARBONDALE State IL Zip Code 62901-5300

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2766**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ONEIDA TRIBE OF INDIANS OF WISCONSIN**

Mailing Address P.O. BOX 365

City ONEIDA State WI Zip Code 54155-0365

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2779**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SQUAW CREEK SOUTHERN RAILROAD**

Mailing Address 110 WESTPORT DRIVE

City SALEM State IL Zip Code 62881-3927

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.2633**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

3050.00

51625.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 OF 122  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1885

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2614**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**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).....

5000.00

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 36 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address 13401 REDCOAT LANE

City State Zip Code  
PHOENIX MD 21131-2109

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2616**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BILLY LONG FOR CONGRESS**

Mailing Address 3246 EAST RIDGEVIEW STREET

City State Zip Code  
SPRINGFIELD MO 65804-4076

FEC ID number of contributing federal political committee. **C** C00460063

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2747**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH**

Mailing Address P.O. BOX 3184

City State Zip Code  
HAMILTON NJ 08619-0184

FEC ID number of contributing federal political committee. **C** C00096412

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.2786**

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 37 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. COMMITTEE TO ELECT TRENT FRANKS TO CONGRESS**

Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT TRENT FRANKS TO CONGRESS

Mailing Address 6828 W. CAMINO DE ORO  
FEC ID - C00367110

City Peoria State AZ Zip Code 85383-3213

FEC ID number of contributing federal political committee. **C** C00367110

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : SA11.2834**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B. COTTON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
COTTON FOR CONGRESS

Mailing Address P.O. BOX 379

City Dardanelle State AR Zip Code 72834-0379

FEC ID number of contributing federal political committee. **C** C00499988

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2742**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. DUFFY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
DUFFY FOR CONGRESS

Mailing Address P.O. BOX 538

City Wausau State WI Zip Code 54402-0538

FEC ID number of contributing federal political committee. **C** C00464339

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2754**

Amount of Each Receipt this Period  
1000.00  
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 38 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF DOC HASTINGS**

Mailing Address P.O. BOX 2926

City PASCO State WA Zip Code 99302-2926

FEC ID number of contributing federal political committee. **C** C00286856

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2668**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF DENNIS ROSS**

Mailing Address P.O. BOX 7310

City LAKELAND State FL Zip Code 33807-7310

FEC ID number of contributing federal political committee. **C** C00459461

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2719**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF ERIK PAULSEN**

Mailing Address PO BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344-1369

FEC ID number of contributing federal political committee. **C** C00439661

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2764**

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 39 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF SAM JOHNSON**

Mailing Address P.O. BOX 860096

City PLANO State TX Zip Code 75086-0096

FEC ID number of contributing federal political committee. **C** C00250720

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.2783**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 585 E LOS ANGELES AVE  
STE G

City SIMI VALLEY State CA Zip Code 93065-1865

FEC ID number of contributing federal political committee. **C** C00194803

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012

**Transaction ID : SA11.2802**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GARDNER FOR CONGRESS 2012**

Mailing Address 9227 E. LINCOLN AVE., #200-235

City LONE TREE State CO Zip Code 80124-5506

FEC ID number of contributing federal political committee. **C** C00492454

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2662**

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 40 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GEOFF DAVIS FOR CONGRESS**

Mailing Address P.O. BOX 17192

City State Zip Code  
FOURT MITCHELL KY 41017-0192

FEC ID number of contributing federal political committee. **C** C00369470

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2737**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GEOFF DAVIS FOR CONGRESS**

Mailing Address P.O. BOX 17192

City State Zip Code  
FOURT MITCHELL KY 41017-0192

FEC ID number of contributing federal political committee. **C** C00369470

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2738**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GRAVES FOR CONGRESS**

Mailing Address P.O. BOX 335

City State Zip Code  
CALHOUN GA 30703-0335

FEC ID number of contributing federal political committee. **C** C00462556

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2723**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address P.O. BOX 5053

City: CONCORD    State: NC    Zip Code: 28027-1500

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2012  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 11 / 05 / 2012

**Transaction ID : SA11.2756**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 717

City: SAINT CHARLES    State: IL    Zip Code: 60174-0717

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2012  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 11 / 02 / 2012

**Transaction ID : SA11.2721**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

PRIMARY DEBT CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JIM JORDAN FOR CONGRESS**

Mailing Address 2160 KETTERING TOWER SUITE 2160

City: DAYTON    State: OH    Zip Code: 45423-1010

FEC ID number of contributing federal political committee: **C** C00416594

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2012  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: 11 / 02 / 2012

**Transaction ID : SA11.2724**

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 42 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**KAY GRANGER CAMPAIGN FUND**

Mailing Address 715 JONES STREET  
SUITE 101

City State Zip Code  
FORT WORTH TX 76102-5473

FEC ID number of contributing federal political committee. **C C00310532**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2755**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 101 W BURNSVILLE PKWY  
STE 104

City State Zip Code  
BURNSVILLE MN 55337-2571

FEC ID number of contributing federal political committee. **C C00326629**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.2650**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**MARTHA ROBY FOR CONGRESS**

Mailing Address P.O. BOX 195

City State Zip Code  
MONTGOMERY AL 36101-0195

FEC ID number of contributing federal political committee. **C C00462143**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2682**

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 43 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address **815-A BRAZOS STREET**

City **AUSTIN** State **TX** Zip Code **78701-2514**

FEC ID number of contributing federal political committee. **C C00392688**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.2652**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address **PO BOX 97275**

City **RALEIGH** State **NC** Zip Code **27624-7275**

FEC ID number of contributing federal political committee. **C C00471896**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 06 / 2012**

**Transaction ID : SA11.2792**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT ADERHOLT FOR CONGRESS**

Mailing Address **P.O. BOX 1158**

City **HALEYVILLE** State **AL** Zip Code **35565-1158**

FEC ID number of contributing federal political committee. **C C00313247**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.2666**

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 44 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address PO BOX 1113

City ANNISTON State AL Zip Code 36202-1113

FEC ID number of contributing federal political committee. **C** C00367862

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2762**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612-0555

FEC ID number of contributing federal political committee. **C** C00437756

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2661**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN FINCHER FOR CONGRESS**

Mailing Address PO BOX 11153

City JACKSON State TN Zip Code 38308-0119

FEC ID number of contributing federal political committee. **C** C00466854

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012

**Transaction ID : SA11.2804**

Amount of Each Receipt this Period  
 1000.00  
 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 45 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**TIM GRIFFIN FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 7526

City: LITTLE ROCK State: AR Zip Code: 72217-7526

FEC ID number of contributing federal political committee: **C C00468116**

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 11 / 01 / 2012

**Transaction ID : SA11.2655**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**TOM RICE FOR CONGRESS**

Mailing Address P.O. BOX 70098

City: MYRTLE BEACH State: SC Zip Code: 29572-0020

FEC ID number of contributing federal political committee: **C C00506048**

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 05 / 2012

**Transaction ID : SA11.2817**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C. Full Name (Last, First, Middle Initial)**  
**VICKY HARTZLER FOR CONGRESS**

Mailing Address PO BOX 415004

City: KANSAS CITY State: MO Zip Code: 64141-5004

FEC ID number of contributing federal political committee: **C C00464602**

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 26 / 2012

**Transaction ID : SA11.2803**

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 46 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address PO BOX 1362

City JACKSON State MI Zip Code 49204-1362

FEC ID number of contributing federal political committee. **C** C00390724

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.2651**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILL TO WIN**

Mailing Address 2470 DANIELS BRIDGE RD  
STE 121

City ATHENS State GA Zip Code 30606-6191

FEC ID number of contributing federal political committee. **C** C00530790

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 9791.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.2653**

Amount of Each Receipt this Period  
 2682.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**18TH DISTRICT REPUBLICAN CENTRAL COMMITTEE**

Mailing Address P.O. BOX 10362

City PEORIA State IL Zip Code 61612-0362

FEC ID number of contributing federal political committee. **C** C00493460

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2658**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

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

8682.00

**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 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address 2800 SHIRLINGTON RD #300

City ARLINGTON State VA Zip Code 22206-3607

FEC ID number of contributing federal political committee. **C** C00100974

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.2789**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 442

City SHARPSBURG State GA Zip Code 30277-0442

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2758**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1650 DIAGONAL ROAD

City ALEXANDRIA State VA Zip Code 22314-2857

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.2617**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION**

Mailing Address 1120 CONNECTICUT AVENUE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2718**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CONSERVATIVE UNION PAC ACCOUNT**

Mailing Address 1007 CAMERON STREET

City ALEXANDRIA State VA Zip Code 22314-2426

FEC ID number of contributing federal political committee. **C** C00130658

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2544**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 SEVENTH STREET, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2558**

Amount of Each Receipt this Period  
 2500.00

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 49 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARCH COAL INC. POLITICAL ACTION COMMITTEE (ARCHPAC)**

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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2734**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

Mailing Address **P.O. BOX 4528**

City **BRYAN** State **TX** Zip Code **77805-4528**

FEC ID number of contributing federal political committee. **C C00527275**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2753**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **P.O. BOX 96**

City **SAINT ELIZABETH** State **MO** Zip Code **65075-0096**

FEC ID number of contributing federal political committee. **C C00412288**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11.2720**

Amount of Each Receipt this Period  
**1000.00**  
 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 50 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**BRANCH BANKING AND TRUST COMPANY PAC**

Mailing Address P.O. BOX 1290

City WINSTON SALEM State NC Zip Code 27102-1290

FEC ID number of contributing federal political committee. **C C00075291**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2752**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 504 DEREK AVE

City ELIZABETHTOWN State KY Zip Code 42701-9168

FEC ID number of contributing federal political committee. **C C00483487**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2763**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1201 15HT STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2559**

Amount of Each Receipt this Period  
 2500.00

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 51 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORPORATION**

Mailing Address 1680 CAPITAL ONE DRIVE

City MCLEAN State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.2644**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CATERPILLAR EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 100 N.E. ADAMS STREET

City PEORIA State IL Zip Code 61629-0001

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2657**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CEMEX INC EMPLOYEES PAC**

Mailing Address 929 GESSNER RD STE 1900

City HOUSTON State TX Zip Code 77024-2317

FEC ID number of contributing federal political committee. **C C00111880**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2565**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

7000.00

**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 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHESAPEAKE ENERGY CORPORATION FEDERAL PAC**

Mailing Address P.O. BOX 18576

City State Zip Code  
OKLAHOMA CITY OK 73154-0576

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.2659**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 2485

City State Zip Code  
SPRINGFIELD VA 22152-0485

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

**Transaction ID : SA11.2800**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CNA CITIZENS FOR GOOD GOVERNMENT**

Mailing Address 333 S. WABASH43-S

City State Zip Code  
CHICAGO IL 60604

FEC ID number of contributing federal political committee. **C C00078287**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2555**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

7000.00

**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 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**COAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2541**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COUNCIL OF INSURANCE AGENTS AND BROKERS PAC**

Mailing Address 701 PENNSYLVANIA AVENUE, NW

City SUITE 750 State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2746**

Amount of Each Receipt this Period  
 3500.00

CONTRIBUTION

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

Mailing Address 610 SOUTH BOULEVARD

City TAMPA State FL Zip Code 33606-2693

FEC ID number of contributing federal political committee. **C** C00427930

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2722**

Amount of Each Receipt this Period  
 1000.00

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 54 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EXPRESS SCRIPTS, INC. PAC**

Mailing Address **ONE EXPRESS WAY**

City **SAINT LOUIS** State **MO** Zip Code **63121-1824**

FEC ID number of contributing federal political committee. **C C00365072**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.2560**

Amount of Each Receipt this Period  
**3500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EXXON MOBILE POLITICAL ACTION COMMITTEE**

Mailing Address **5959 LAS COLINAS BOULIVARD**

City **IRVING** State **TX** Zip Code **75039-4202**

FEC ID number of contributing federal political committee. **C C00095406**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : SA11.2618**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER PAC**

Mailing Address **P.O. BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152-0485**

FEC ID number of contributing federal political committee. **C C00467431**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11.2725**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**9500.00**

**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 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FEDERAL EXPRESS PAC**

Mailing Address 942 S SHADY GROVE ROAD 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2726**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address 22780 INDIAN CREEK DRIVE STE 100

City STERLING State VA Zip Code 20166-6716

FEC ID number of contributing federal political committee. **C** C00525212

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2760**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRANCHISING POLITICAL ACTION COMMITTEE**

Mailing Address 1501 K STREET, NW SUITE 350

City WASHINGTON State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2550**

Amount of Each Receipt this Period  
 2500.00

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 56 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FREE MARKETS PAC, INC.**

Mailing Address P.O. BOX 470848

City CHARLOTTE State NC Zip Code 28247-0848

FEC ID number of contributing federal political committee. **C** C00527531

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2561**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FREE MARKETS PAC, INC.**

Mailing Address P.O. BOX 470848

City CHARLOTTE State NC Zip Code 28247-0848

FEC ID number of contributing federal political committee. **C** C00527531

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2744**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM ADVANCEMENT FUND**

Mailing Address 264 NORTH LUMPKIN STREET #202

City ATHENS State GA Zip Code 30601-2832

FEC ID number of contributing federal political committee. **C** C00490235

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2545**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. FREEDOM AND SECURITY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 SOUTH WASHINGTON STREET  
 SUITE 115  
 City ALEXANDRIA State VA Zip Code 22314-5404  
 FEC ID number of contributing federal political committee. **C** C00437061  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11.2556**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B. GENERAL MOTORS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 MASSACHUSETTS AVENUE, NW  
 SUITE 400  
 City WASHINGTON State DC Zip Code 20001-1427  
 FEC ID number of contributing federal political committee. **C** C00076810  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11.2546**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. GREGG PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 NORTH CONGRESS STREET STE 300  
 City JACKSON State MS Zip Code 39201-2685  
 FEC ID number of contributing federal political committee. **C** C00455980  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11.2566**  
 Amount of Each Receipt this Period  
 1000.00  
 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 58 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GROW MO POLITICAL ACTION COMMITTEE**

Mailing Address 507 CAPITOL COURTE, NE  
SUITE 100

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00470286**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2751**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 2140 TREE M TRAIL

City DELAND State FL Zip Code 32720

FEC ID number of contributing federal political committee. **C C00239285**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2750**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-3965

FEC ID number of contributing federal political committee. **C C00376038**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2608**

Amount of Each Receipt this Period  
 2500.00  
 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 59 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HELP UNITE REPUBLICANS TODAY (HURT POLITICAL ACTION COMMITT**

Mailing Address P.O. BOX 283

City CHATHAM State VA Zip Code 24531-0283

FEC ID number of contributing federal political committee. **C** C00496323

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2549**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 9158 E STARING LANE

City EDEN PRAIRIE State MN Zip Code 55347-2518

FEC ID number of contributing federal political committee. **C** C00484667

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.2641**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 9158 E STARING LANE

City EDEN PRAIRIE State MN Zip Code 55347-2518

FEC ID number of contributing federal political committee. **C** C00484667

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2740**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

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

3000.00

**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 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

A. Full Name (Last, First, Middle Initial)  
**ILLINOIS BEEF ASSOCIATION POLITICAL EDUCATION COMMITTEE**

Mailing Address **2060 W ILES AVE SUITE B**  
 City **SPRINGFIELD** State **IL** Zip Code **62704-4195**

FEC ID number of contributing federal political committee. **C C00276618**

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**  
**Transaction ID : SA11.2537**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA (INSURPAC)**

Mailing Address **412 FIRST STREET SE STE 300**  
 City **WASHINGTON** State **DC** Zip Code **20003-1804**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**  
**Transaction ID : SA11.2540**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL**

Mailing Address **7234 PARKWAY DRIVE**  
 City **HANOVER** State **MD** Zip Code **21076-1307**

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2012**  
**Transaction ID : SA11.2639**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INVEST IN A STRONG AND SECURE AMERICA (ISSA PAC)**

Mailing Address P.O. BOX 3799

City State Zip Code  
VISTA CA 92085-3799

FEC ID number of contributing federal political committee. **C** C00450320

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2640**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address 2150 RIVER PLAZA DR. #150

City State Zip Code  
SACRAMENTO CA 95833-4131

FEC ID number of contributing federal political committee. **C** C00489112

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.2664**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY, AND BUDGET FUND**

Mailing Address P.O. BOX 30844

City State Zip Code  
BETHESDA MD 20824-0844

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2619**

Amount of Each Receipt this Period  
2500.00

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 62 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address P.O. BOX 1639

City State Zip Code  
BETHANY OK 73008-1639

FEC ID number of contributing federal political committee. **C C00492058**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2547**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1639

City State Zip Code  
BETHANY OK 73008-1639

FEC ID number of contributing federal political committee. **C C00492058**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2743**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY PROJECT**

Mailing Address P.O. BOX 30844

City State Zip Code  
BETHESDA MD 20824-0844

FEC ID number of contributing federal political committee. **C C00446625**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2538**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LONE STAR LEADERSHIP PAC**

Mailing Address P.O. BOX 30844

City State Zip Code  
BETHESDA MD 20824-0844

FEC ID number of contributing federal political committee. **C** C00415208

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2736**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824-0844

FEC ID number of contributing federal political committee. **C** C00402602

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

**Transaction ID : SA11.2805**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOUISIANA VALUES PAC**

Mailing Address PO BOX 325

City State Zip Code  
MINDEN LA 71058-0325

FEC ID number of contributing federal political committee. **C** C00466904

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.2648**

Amount of Each Receipt this Period  
3000.00

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: PAGE 64 OF 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address **2025 M STREET, NW  
SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20036-2422**

FEC ID number of contributing federal political committee. **C C00039214**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**

**Transaction ID : SA11.2739**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MANY INDIVIDUAL CONSERVATIVES HELPING ELECT LEADERS EVERYWHE**

Mailing Address **PO BOX 251190**

City **WOODBURY** State **MN** Zip Code **55125-6190**

FEC ID number of contributing federal political committee. **C C00486738**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.2660**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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

Mailing Address **P.O. BOX 26141**

City **ALEXANDRIA** State **VA** Zip Code **22313-6141**

FEC ID number of contributing federal political committee. **C C00492868**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.2609**

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 65 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

FEC ID number of contributing federal political committee. **C C00492868**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.26091**

Amount of Each Receipt this Period  
500.00

PRIMARY DEBT CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MCDONALD'S POLITICAL ACTION COMMITTEE**

Mailing Address 2111 MCDONALD'S DRIVE

City OAK BROOK State IL Zip Code 60523-5500

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2567**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MERCK EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SUITE 1200

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2663**

Amount of Each Receipt this Period  
1000.00

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 66 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

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

Mailing Address 236 MASSACHUSETTS AVENUE, NE  
SUITE 204

City WASHINGTON State DC Zip Code 20002-4980

FEC ID number of contributing federal political committee. **C** C00298356

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2638**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MURRAY ENERGY POLITICAL ACTION COMMITTEE**

Mailing Address 29325 CHARGRIN BOULEVARD  
SUITE 300

City PEPPER PIKE State OH Zip Code 44122-4600

FEC ID number of contributing federal political committee. **C** C00410985

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2748**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES POLITICAL**

Mailing Address 3601 VINCENNES ROAD

City INDIANAPOLIS State IN Zip Code 46268-1154

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2552**

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 67 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial)  
**A. NATIONAL ASSOCIATION OF HEALTHCARE UNDERWRITERS PAC**

Mailing Address 1212 NEW YORK AVENUE, NW  
SUITE 100  
City WASHINGTON State DC Zip Code 20005-3987

FEC ID number of contributing federal political committee. **C C00283135**

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2012**  
**Transaction ID : SA11.2745**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NATIONAL CATTLEMEN'S BEEF ASSOCIATION**

Mailing Address 1301 PENNSYLVANIA AVENUE, NW  
SUITE 300  
City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**  
**Transaction ID : SA11.2553**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. NATIONAL CONSERVATIVE CAMPAIGN FUND**

Mailing Address 1 MASSACHUSETTS AVENUE, NW  
SUITE 630  
City WASHINGTON State DC Zip Code 20001-1401

FEC ID number of contributing federal political committee. **C C00348359**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2012**  
**Transaction ID : SA11.2643**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **4000.00**

**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 68 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. NATIONAL EMERGENCY MEDICINE PAC (NEMPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 619911

City State Zip Code  
DALLAS TX 75261-9911

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2542**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B. NATIONAL HEALTH INSURANCE UNDERWRITERS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1212 NEW YORK AVE NW  
STE #1100

City State Zip Code  
WASHINGTON DC 20005-3987

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2647**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C. NATIONAL RESTAURANT ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 2055 L STREET, NW

City State Zip Code  
WASHINGTON DC 20036-4957

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2642**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

7000.00

**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 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A. NATIONAL VENTURE CAPITAL ASSOCIATION**

Full Name (Last, First, Middle Initial)  
**NATIONAL VENTURE CAPITAL ASSOCIATION**

Mailing Address **1655 NORTH FORT MYER DRIVE  
SUITE 850**

City **ARLINGTON** State **VA** Zip Code **22209-3199**

FEC ID number of contributing federal political committee. **C C00150367**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.2562**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

**B. NEW PAC**

Full Name (Last, First, Middle Initial)  
**NEW PAC**

Mailing Address **P.O. BOX 7480**

City **VISALIA** State **CA** Zip Code **93290-7480**

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 06 / 2012**

**Transaction ID : SA11.2784**

Amount of Each Receipt this Period  
**3000.00**  
 CONTRIBUTION

**C. NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address **228 S WASHINGTON ST STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314-5404**

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.2536**

Amount of Each Receipt this Period  
**3000.00**  
 CONTRIBUTION

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

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

**11000.00**

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

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

FOR LINE NUMBER: PAGE 70 OF 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OUR COUNTRY DESERVES BETTER PAC**

Mailing Address

City State Zip Code  
WILLOWS CA 95988

FEC ID number of contributing federal political committee. **C C00454074**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.2788**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PEABODY POLITICAL ACTION COMMITTEE**

Mailing Address 701 MARKET STREET

City State Zip Code  
SAINT LOUIS MO 63101-1830

FEC ID number of contributing federal political committee. **C C00110478**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2557**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PEOPLE FOR ENTERPRISE, TRADE, AND ECONOMIC GROWTH**

Mailing Address 7804 EVENING LANE

City State Zip Code  
ALEXANDRIA VA 22306-2754

FEC ID number of contributing federal political committee. **C C00363770**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2733**

Amount of Each Receipt this Period  
2500.00  
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 71 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PEPSICO, INC. CONCERNED CITIZENS FUND**

Mailing Address 700 ANDERSON HILL ROAD

City State Zip Code  
PURCHASE NY 10577-1401

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.2656**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

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

Mailing Address 701 8TH STREET, NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20001-3965

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2735**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 10383

City State Zip Code  
DES MOINES IA 50306-0383

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2749**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REACHING FOR A BRIGHTER AMERICA PAC**

Mailing Address P.O. BOX 15174

City WASHINGTON State DC Zip Code 20003-0174

FEC ID number of contributing federal political committee. **C C00487942**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.2622**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RETAIL INDUSTRY LEADERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1700 N. MOORE STREET SUITE 2250

City ARLINGTON State VA Zip Code 22209-1933

FEC ID number of contributing federal political committee. **C C00112763**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.2667**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN PAC**

Mailing Address 1201 F STREET, NW SUITE 1000

City WASHINGTON State DC Zip Code 20004-1217

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2741**

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 73 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TEA PARTY LEADERSHIP FUND TRAD ACCT**

Mailing Address 209 PENNSYLVANIA AVE STE 2109

City WASHINGTON State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C C00520825**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2757**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE FUND FOR AMERICAN EXCEPTIONALISM**

Mailing Address 1801 NORTH SHUTT HILL ROAD

City HUNTINGTON State IN Zip Code 46750-9101

FEC ID number of contributing federal political committee. **C C00512855**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2564**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE GOOD FUND**

Mailing Address P.O. BOX 3404

City ALEXANDRIA State VA Zip Code 22302-0404

FEC ID number of contributing federal political committee. **C C00409185**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2551**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3250.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2611**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address PO BOX 65116

City WASHINGTON State DC Zip Code 20035-5116

FEC ID number of contributing federal political committee. **C C00425439**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2012

**Transaction ID : SA11.2790**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TOMORROW IS MEANINGFUL (TIM PAC)**

Mailing Address 209 PENNSYLVANIA AVE SE STE 2109

City WASHINGTON State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C C00495887**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : SA11.2761**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING**

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.2665**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**USAA EMPLOYEE PAC**

Mailing Address 9800 FREDERICKSBURG ROAD

City SAN ANTONIO State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2554**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC/ VERIZON WIRELESS GOOD GOVERNMENT**

Mailing Address 1300 I STREET 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.2727**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 76 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**VOICE FOR FREEDOM POLITICAL ACTION COMMITTEE**

Mailing Address 2700 CUMBERLAND PARKWAY  
SUITE 150

City ATLANTA State GA Zip Code 30339-3321

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2539**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WALGREEN CO. POLITICAL ACTION COMMITTEE**

Mailing Address 104 WILMOT ROAD

City DEERFIELD State IL Zip Code 60015-5121

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.2543**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WELLPOINT INC WELLPAC**

Mailing Address 120 MONUMENT CIRCLE

City INDIANAPOLIS State IN Zip Code 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.2646**

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 77 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILD AND WONDERFUL PAC**

Mailing Address P.O. BOX 651375

City POTOMAC FALLS State VA Zip Code 20165

FEC ID number of contributing federal political committee. **C** C00489336

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.2787**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WIN NOVEMBER POLITICAL ACTION COMMITTEE**

Mailing Address 2501 PORTER STREET, NW SUITE 421

City WASHINGTON State DC Zip Code 20008-1252

FEC ID number of contributing federal political committee. **C** C00516013

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.2548**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1101 WALNUT UNIT 1101

City KANSAS CITY State MO Zip Code 64106-4205

FEC ID number of contributing federal political committee. **C** C00497305

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012

**Transaction ID : SA11.2759**

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 78 OF 122
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**YUM! BRANDS INC GOOD GOVERNMENT FUND**

Mailing Address 1441 GARDINER LANE

City State Zip Code  
LOUISVILLE KY 40213-1914

FEC ID number of contributing federal political committee. **C** C00329474

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.2645**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ZURICH HOLDING CO OF AMERICA**

Mailing Address 1201 F STREET NW  
STE 950

City State Zip Code  
WASHINGTON DC 20004-1254

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2012

**Transaction ID : SA11.2791**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

208182.00

**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 122
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>WILL TO WIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 2470 DANIELS BRIDGE RD STE 121		<b>Transaction ID : SA12.2654</b>	
City ATHENS State GA Zip Code 30606-6191	Amount of Each Receipt this Period 7108.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. <b>C</b> C00530790	SEE ATTRIBUTION BELOW		
Name of Employer Occupation Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 9791.00		

Full Name (Last, First, Middle Initial) <b>ELIZABETH S. MOORE</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 10412 LITZINGER RD		<b>Transaction ID : SA12.2872</b>	
City ST LOUIS State MO Zip Code 63131-3500	Amount of Each Receipt this Period 1250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]		
Name of Employer Occupation HOME MAKER HOME MAKER	Election Cycle-to-Date 1250.00		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MR. FREDERICK D. PALMER</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2012	
Mailing Address 57 FAIR OAKS DRIVE		<b>Transaction ID : SA12.2868</b>	
City SAINT LOUIS State MO Zip Code 63124-1521	Amount of Each Receipt this Period 2500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. <b>C</b>	[MEMO ITEM]		
Name of Employer Occupation PEABODY ENERGY EXECUTIVE	Election Cycle-to-Date 2500.00		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7108.00
<b>TOTAL</b> This Period (last page this line number only).....	7108.00

**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 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL S. SCHULER**

Mailing Address 12108 CARBERRY PLACE

City State Zip Code  
ST LOUIS MO 63131-3122

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

Name of Employer Occupation  
NORTHWESTERN MUTUAL FINANCIAL REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2012

**Transaction ID : SA12.2873**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**RAYMOND T. WAGNER JR**

Mailing Address 313 ST ANDREWS COURT

City State Zip Code  
BALLWIN MO 63011-2504

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

Name of Employer Occupation  
ENTERPRISE HOLDINGS VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2012

**Transaction ID : SA12.2871**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA A. WILSON**

Mailing Address 20 CHESAPEAKE TRAIL

City State Zip Code  
COLUMBIA IL 62236-4361

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2012

**Transaction ID : SA12.2869**

Amount of Each Receipt this Period  
1250.00

PRIMARY DEBT CONTRIBUTION

**[MEMO ITEM]**

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 81 OF 122  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ALLIANCE COAL, LLC PAC**

Mailing Address P.O. BOX 22027

City State Zip Code  
TULSA OK 74121-2027

FEC ID number of contributing federal political committee. **C C00330233**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 31 2012

**Transaction ID : SA12.2875**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address PO BOX 17813

City State Zip Code  
RICHMOND VA 23226-7813

FEC ID number of contributing federal political committee. **C C00355461**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 31 2012

**Transaction ID : SA12.2874**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**ILLINOS CORN GROWERS ASSOCIATION**

Mailing Address P.O. BOX 1623

City State Zip Code  
BLOOMINGTON IL 61702-1623

FEC ID number of contributing federal political committee. **C C00376590**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 31 2012

**Transaction ID : SA12.2870**

Amount of Each Receipt this Period  
1250.00

CONTRIBUTION

**[MEMO ITEM]**

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

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

0.00

7108.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. KYLE BEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1513 SHADOW RIDGE		Amount of Each Disbursement this Period 1600.00
City COLUMBIA State IL Zip Code 62236	Purpose of Disbursement ADMINSTRATIVE CONSULTING	
Candidate Name	Category/Type	<b>Transaction ID : SB.67</b>
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>B. KYLE BEMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 1513 SHADOW RIDGE		Amount of Each Disbursement this Period 461.00
City COLUMBIA State IL Zip Code 62236	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB.68</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GEORGE DAGLAS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 541.49
City O'FALLON State IL Zip Code 62269	Purpose of Disbursement WEB SERVICES	
Candidate Name	Category/Type	<b>Transaction ID : SB.40</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2602.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. GEORGE DAGLAS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 2350.00
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement STRATEGIC CONSULTING	Transaction ID : SB.41
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>B. GEORGE DAGLAS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 541.49
City O'FALLON	State IL	
Zip Code 62269	Purpose of Disbursement TRAVEL	Transaction ID : SB.42
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>C. STEVE DAGLAS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 7400 W. ISHNALA DR.		Amount of Each Disbursement this Period 500.00
City PALOS HEIGHTS	State IL	
Zip Code 60463	Purpose of Disbursement STRATEGIC CONSULTING	Transaction ID : SB.95
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3391.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. DEB DETMERS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO BOX 266		Amount of Each Disbursement this Period 6087.56
City EAST ALTON	State IL Zip Code 62024	
Purpose of Disbursement STRATEGIC CONSULTING/POSTAGE	Category/Type	Transaction ID : SB.15
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>B. LAUREN EHRSMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address PO BOX 1272		Amount of Each Disbursement this Period 1875.00
City O'FALLON	State IL Zip Code 62269	
Purpose of Disbursement ADMINSTRATIVE CONSULTING	Category/Type	Transaction ID : SB.69
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DEB FANSLER</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address PO BOX 266		Amount of Each Disbursement this Period 300.00
City EAST ALTON	State IL Zip Code 62024	
Purpose of Disbursement IN KIND-TRAVEL	Category/Type	Transaction ID : SB.999
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8262.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 122		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. CATHERINE JAMES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 5 CARRIAGE WAY EAST		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB.5</b>
City ST. PETERS State MO Zip Code 63376	Purpose of Disbursement REFUND OF CONTRIBUTION	
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>B. ZACHARY JONES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 2325 HAGEN LAKE ESTATES		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB.104</b>
City SHILOH State IL Zip Code 62221	Purpose of Disbursement ADMINSTRATIVE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PHILIP LASSEIGNE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 32 WINDERMERE DR.		Amount of Each Disbursement this Period 1875.00 <b>Transaction ID : SB.80</b>
City GLEN CARBON State IL Zip Code 62034	Purpose of Disbursement ADMINSTRATIVE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 122			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. JASON PLUMMER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012	
Mailing Address PO BOX 1272			Amount of Each Disbursement this Period 1410.91	
City O'FALLON	State IL	Zip Code 62269	Transaction ID : SB.64	
Purpose of Disbursement PRINTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ALEX SCHARF</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012	
Mailing Address 8132 STATE ROUTE 163			Amount of Each Disbursement this Period 1600.00	
City MILLSTADT	State IL	Zip Code 62260	Transaction ID : SB.1	
Purpose of Disbursement ADMINISTRATIVE 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>C. ANNA VETTER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012	
Mailing Address PO BOX 1272			Amount of Each Disbursement this Period 2100.00	
City O'FALLON	State IL	Zip Code 62269	Transaction ID : SB.3	
Purpose of Disbursement FUNDRAISING 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5110.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. CASEY'S</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 1320 W. MAIN ST.		Amount of Each Disbursement this Period 72.50
City CARM	State IL	
Zip Code 62821	Purpose of Disbursement TRAVEL	Transaction ID : SB.4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1445-A LAUGHLIN AVE.		Amount of Each Disbursement this Period 15.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Transaction ID : SB.10
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>C. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 1445-A LAUGHLIN AVE.		Amount of Each Disbursement this Period 90.60
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Transaction ID : SB.11
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	178.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 122			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 1445-A LAUGHLIN AVE.			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB.12</b>
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1445-A LAUGHLIN AVE.			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB.6</b>
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 1445-A LAUGHLIN AVE.			Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB.7</b>
City MCLEAN	State VA	Zip Code 22101	
Purpose of Disbursement BANK FEE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 1445-A LAUGHLIN AVE.		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB.8</b>
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 1445-A LAUGHLIN AVE.		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB.9</b>
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CIRCLE K</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1500 COLUMBUS ST.		Amount of Each Disbursement this Period 82.00 <b>Transaction ID : SB.13</b>
City OTTAWA	State IL	
Zip Code 61350	Purpose of Disbursement TRAVEL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	112.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. CITGO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 3600 N. ASHLAND AVE.		Amount of Each Disbursement this Period 78.50
City CHICAGO	State IL	
Zip Code 60680	Purpose of Disbursement TRAVEL	Transaction ID : SB.14
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>B. DECKER CONSULTING SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 244 14TH PLACE, NE STE. 2		Amount of Each Disbursement this Period 26187.63
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB.16
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>C. EU SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 649 NORTH HORNER'S LANE		Amount of Each Disbursement this Period 7820.79
City ROCKVILLE	State MD	
Zip Code 20850	Purpose of Disbursement DIRECT MAIL PRODUCTION	Transaction ID : SB.17
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34086.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 122		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. EXTENDED STAY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address 162 E. OHIO ST.		Amount of Each Disbursement this Period <b>61.18</b>
City CHICAGO	State IL	
Zip Code 60011	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB.18</b>
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>B. EXTENDED STAY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address 162 E. OHIO ST.		Amount of Each Disbursement this Period <b>428.26</b>
City CHICAGO	State IL	
Zip Code 60011	Purpose of Disbursement TRAVEL	<b>Transaction ID : SB.19</b>
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>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period <b>84.44</b>
City MEMPHIS	State TN	
Zip Code 38125	Purpose of Disbursement PRINTING	<b>Transaction ID : SB.20</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>573.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 122		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. FEDEX</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		26		2012
M M	/	D D	/	Y Y Y Y								
10		26		2012								
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>73.02</td> </tr> </table>	73.02			
City	State	Zip Code										
MEMPHIS	TN	38125										
73.02												
Purpose of Disbursement PRINTING		Transaction ID : SB.21										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Category/Type				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. FEDEX</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>29</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		29		2012
M M	/	D D	/	Y Y Y Y								
10		29		2012								
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>918.78</td> </tr> </table>	918.78			
City	State	Zip Code										
MEMPHIS	TN	38125										
918.78												
Purpose of Disbursement PRINTING		Transaction ID : SB.22										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Category/Type				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. FEDEX</b>		<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>11</td> <td></td> <td>06</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		06		2012
M M	/	D D	/	Y Y Y Y								
11		06		2012								
Mailing Address 3610 HACKS CROSS RD.		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MEMPHIS</td> <td>TN</td> <td>38125</td> </tr> </table>		City	State	Zip Code	MEMPHIS	TN	38125	<table border="1"> <tr> <td>164.01</td> </tr> </table>	164.01			
City	State	Zip Code										
MEMPHIS	TN	38125										
164.01												
Purpose of Disbursement PRINTING		Transaction ID : SB.23										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>		<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Category/Type				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For: <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1155.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. FOUR POINTS FAIRVIEW</b>		Date of Disbursement
Mailing Address 319 FOUNTAIN PKWY		M M / D D / Y Y Y Y 11 / 09 / 2012
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208
Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Transaction ID : SB.24	
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>B. FOUR POINTS FAIRVIEW</b>		Date of Disbursement
Mailing Address 319 FOUNTAIN PKWY		M M / D D / Y Y Y Y 11 / 09 / 2012
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208
Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Transaction ID : SB.25	
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>C. FOUR POINTS FAIRVIEW</b>		Date of Disbursement
Mailing Address 319 FOUNTAIN PKWY		M M / D D / Y Y Y Y 11 / 13 / 2012
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208
Purpose of Disbursement EVENT CATERING	Amount of Each Disbursement this Period 107.87	
Candidate Name	Transaction ID : SB.26	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2107.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 122			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. FOUR POINTS FAIRVIEW</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2012
Mailing Address 319 FOUNTAIN PKWY		Amount of Each Disbursement this Period 248.38
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement EVENT CATERING	Transaction ID : SB.27
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>B. FOUR POINTS FAIRVIEW</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2012
Mailing Address 319 FOUNTAIN PKWY		Amount of Each Disbursement this Period 400.00
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement EVENT CATERING	Transaction ID : SB.28
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>C. FOUR POINTS FAIRVIEW</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address 319 FOUNTAIN PKWY		Amount of Each Disbursement this Period 1000.00
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement EVENT SITE RENTAL	Transaction ID : SB.29
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1648.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. FOUR POINTS FAIRVIEW</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 319 FOUNTAIN PKWY			Amount of Each Disbursement this Period 1000.00
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208	
Purpose of Disbursement EVENT SITE RENTAL	Candidate Name		<b>Transaction ID : SB.30</b>
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>B. FOUR WINDS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 2100 OVALTINE CT., STE. 125			Amount of Each Disbursement this Period 1300.00
City VILLA PARK	State IL	Zip Code 60181	
Purpose of Disbursement WEB SERVICES	Candidate Name		<b>Transaction ID : SB.31</b>
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>C. GAS MART</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 10070 BUNKUN RD.			Amount of Each Disbursement this Period 76.77
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208	
Purpose of Disbursement TRAVEL	Candidate Name		<b>Transaction ID : SB.32</b>
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2376.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 122			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. GAS MART</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 10070 BUNKUN RD.		Amount of Each Disbursement this Period 76.62
City FAIRVIEW HEIGHTS	State IL	
Zip Code 62208	Purpose of Disbursement TRAVEL	Transaction ID : SB.33
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GATEWAY MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150		Amount of Each Disbursement this Period 16656.00
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement MEDIA BUY	Transaction ID : SB.2
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>C. GATEWAY MEDIA</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150		Amount of Each Disbursement this Period 120000.00
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement MEDIA BUY	Transaction ID : SB.34
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136732.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. GATEWAY MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150			Amount of Each Disbursement this Period 88000.00
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Disbursement MEDIA BUY		Candidate Name	Transaction ID : SB.35
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. GATEWAY MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150			Amount of Each Disbursement this Period 19000.00
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Disbursement MEDIA BUY		Candidate Name	Transaction ID : SB.36
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)		Category/ Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. GATEWAY MEDIA</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 2150 RIVER PLAZA DR., #150			Amount of Each Disbursement this Period 20000.00
City SACRAMENTO	State CA	Zip Code 95833	
Purpose of Disbursement MEDIA BUY		Candidate Name	Transaction ID : SB.37
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)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	127000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. GATEWAY MEDIA</b>			Date of Disbursement										
Mailing Address 2150 RIVER PLAZA DR., #150			<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>11</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		01		2012
M M	/	D D	/	Y Y Y Y									
11		01		2012									
City	State	Zip Code	Amount of Each Disbursement this Period										
SACRAMENTO	CA	95833											
Purpose of Disbursement MEDIA BUY	Candidate Name		<table border="1"> <tr> <td>2012</td> <td>17036.00</td> </tr> </table>	2012	17036.00								
2012	17036.00												
Office Sought:	Disbursement For:	Category/Type	<b>Transaction ID : SB.38</b>										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial) <b>B. GATEWAY MEDIA</b>			Date of Disbursement										
Mailing Address 2150 RIVER PLAZA DR., #150			<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>11</td> <td></td> <td>25</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		25		2012
M M	/	D D	/	Y Y Y Y									
11		25		2012									
City	State	Zip Code	Amount of Each Disbursement this Period										
SACRAMENTO	CA	95833											
Purpose of Disbursement MEDIA PRODUCTION	Candidate Name		<table border="1"> <tr> <td>2012</td> <td>3643.04</td> </tr> </table>	2012	3643.04								
2012	3643.04												
Office Sought:	Disbursement For:	Category/Type	<b>Transaction ID : SB.39</b>										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial) <b>C. GRASSHOPPER.COM</b>			Date of Disbursement										
Mailing Address 197 1ST AVE., #200			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		24		2012
M M	/	D D	/	Y Y Y Y									
10		24		2012									
City	State	Zip Code	Amount of Each Disbursement this Period										
NEEDHAM	MA	02494											
Purpose of Disbursement SOFTWARE	Candidate Name		<table border="1"> <tr> <td>2012</td> <td>28.49</td> </tr> </table>	2012	28.49								
2012	28.49												
Office Sought:	Disbursement For:	Category/Type	<b>Transaction ID : SB.43</b>										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2012</td> <td>20707.53</td> </tr> </table>	2012	20707.53
2012	20707.53		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>		

**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 122		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. GRASSHOPPER.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2012
Mailing Address 197 1ST AVE., #200		Amount of Each Disbursement this Period 29.83 <b>Transaction ID : SB.44</b>
City NEEDHAM	State MA	
Zip Code 02494	Purpose of Disbursement SOFTWARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HUCKABY DAVIS LISKER INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 228 S. WASHINGTON ST., #115		Amount of Each Disbursement this Period 14176.79 <b>Transaction ID : SB.45</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ICONCONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 2.00 <b>Transaction ID : SB.46</b>
City MORRISVILLE	State NC	
Zip Code 27560	Purpose of Disbursement WEB SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14208.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 2.00
City MORRISVILLE	State NC Zip Code 27560	
Purpose of Disbursement WEB SERVICES	Category/Type	<b>Transaction ID : SB.47</b>
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)		Date of Disbursement
<b>B. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 2.73
City MORRISVILLE	State NC Zip Code 27560	
Purpose of Disbursement WEB SERVICES	Category/Type	<b>Transaction ID : SB.48</b>
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)		Date of Disbursement
<b>C. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period 4.01
City MORRISVILLE	State NC Zip Code 27560	
Purpose of Disbursement WEB SERVICES	Category/Type	<b>Transaction ID : SB.49</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 122			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 29 / 2012	
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period	
City MORRISVILLE State NC Zip Code 27560		20.23	
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.50	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period	
City MORRISVILLE State NC Zip Code 27560		2.00	
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.51	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 30 / 2012	
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period	
City MORRISVILLE State NC Zip Code 27560		2.00	
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.52	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ICONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>5221 PARAMOUNT PKWY, STE. 200</b>		Amount of Each Disbursement this Period <b>19.90</b>
City <b>MORRISVILLE</b> State <b>NC</b> Zip Code <b>27560</b>	Purpose of Disbursement <b>WEB SERVICES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.53</b>
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>B. ICONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>
Mailing Address <b>5221 PARAMOUNT PKWY, STE. 200</b>		Amount of Each Disbursement this Period <b>19.95</b>
City <b>MORRISVILLE</b> State <b>NC</b> Zip Code <b>27560</b>	Purpose of Disbursement <b>WEB SERVICES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.54</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ICONTACT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2012</b>
Mailing Address <b>5221 PARAMOUNT PKWY, STE. 200</b>		Amount of Each Disbursement this Period <b>2.00</b>
City <b>MORRISVILLE</b> State <b>NC</b> Zip Code <b>27560</b>	Purpose of Disbursement <b>WEB SERVICES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB.55</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>41.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 122		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		2.00
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.56
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		2.00
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.57
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		20.08
Purpose of Disbursement WEB SERVICES		Transaction ID : SB.58
Candidate Name		Category/Type
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 122		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. ICONTACT</b>		M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		Transaction ID : SB.59
Purpose of Disbursement WEB SERVICES	Category/Type	20.41
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)		Date of Disbursement
<b>B. ICONTACT</b>		M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		Transaction ID : SB.60
Purpose of Disbursement WEB SERVICES	Category/Type	2.00
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)		Date of Disbursement
<b>C. ICONTACT</b>		M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 5221 PARAMOUNT PKWY, STE. 200		Amount of Each Disbursement this Period
City MORRISVILLE State NC Zip Code 27560		Transaction ID : SB.61
Purpose of Disbursement WEB SERVICES	Category/Type	19.97
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	42.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ILLINOIS PRESS ASSOCIATION</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 900 COMMUNITY DR.		Amount of Each Disbursement this Period 124.50 <b>Transaction ID : SB.62</b>
City SPRINGFIELD	State IL	
Zip Code 62703	Purpose of Disbursement ADVERTISING	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>B. JOE K'S RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 2530 STATE ST.		Amount of Each Disbursement this Period 11.23 <b>Transaction ID : SB.65</b>
City ALTON	State IL	
Zip Code 62002	Purpose of Disbursement MEETING EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JOHN HANCOCK &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 16100 W. CHESTERFIELD PKWY, STE. 1		Amount of Each Disbursement this Period 3877.50 <b>Transaction ID : SB.66</b>
City CHESTERFIELD	State MO	
Zip Code 63017	Purpose of Disbursement FUNDRAISING 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4013.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. MAGGIANO'S</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>1901 E. WOODFIELD</b>		Amount of Each Disbursement this Period <b>887.62</b>
City <b>SCHAUMBURG</b>	State <b>IL</b>	
Zip Code <b>60173</b>	Purpose of Disbursement <b>EVENT CATERING</b>	<b>Transaction ID : SB.70</b>
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>B. MAGMA CREATIVE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2012</b>
Mailing Address <b>700 VERNON ST.</b>		Amount of Each Disbursement this Period <b>22170.84</b>
City <b>ROSEVILLE</b>	State <b>CA</b>	
Zip Code <b>95678</b>	Purpose of Disbursement <b>MEDIA PRODUCTION</b>	<b>Transaction ID : SB.71</b>
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>C. MARATHON PETROL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2012</b>
Mailing Address <b>400 S. MARATHON AVE.</b>		Amount of Each Disbursement this Period <b>34.38</b>
City <b>ROBINSON</b>	State <b>IL</b>	
Zip Code <b>62454</b>	Purpose of Disbursement <b>TRAVEL</b>	<b>Transaction ID : SB.72</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>23092.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARTIN GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>808 NORTH COUNTRY FAIR DR.</b>		Amount of Each Disbursement this Period <b>646.03</b>
City <b>CHAMPAIGN</b>	State <b>IL</b>	
Zip Code <b>61821</b>	Purpose of Disbursement <b>PRINTING</b>	<b>Transaction ID : SB.73</b>
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>B. MARTIN GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2012</b>
Mailing Address <b>808 NORTH COUNTRY FAIR DR.</b>		Amount of Each Disbursement this Period <b>2078.10</b>
City <b>CHAMPAIGN</b>	State <b>IL</b>	
Zip Code <b>61821</b>	Purpose of Disbursement <b>PRINTING</b>	<b>Transaction ID : SB.74</b>
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>C. MCDONALD'S</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2012</b>
Mailing Address <b>1610 WEST US 50</b>		Amount of Each Disbursement this Period <b>4.24</b>
City <b>O'FALLON</b>	State <b>IL</b>	
Zip Code <b>62269</b>	Purpose of Disbursement <b>MEETING EXPENSE</b>	<b>Transaction ID : SB.75</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2728.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. MOTOMART</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>1920 CARLYLE AVE.</b>		Amount of Each Disbursement this Period <b>66.43</b>
City <b>BELLEVIEW</b> State <b>IL</b> Zip Code <b>62221</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		<b>Transaction ID : SB.76</b>
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>B. MOTOMART</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2012</b>
Mailing Address <b>1920 CARLYLE AVE.</b>		Amount of Each Disbursement this Period <b>65.68</b>
City <b>BELLEVIEW</b> State <b>IL</b> Zip Code <b>62221</b>	Purpose of Disbursement <b>TRAVEL</b>	
Candidate Name		<b>Transaction ID : SB.77</b>
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>C. OFFICE MAX-FAIRVIEW HEIGHTS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2012</b>
Mailing Address <b>6525 N. ILLINOIS ST.</b>		Amount of Each Disbursement this Period <b>32.52</b>
City <b>FAIRVIEW HEIGHTS</b> State <b>IL</b> Zip Code <b>62208</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		<b>Transaction ID : SB.79</b>
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>164.63</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. PIRYX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 26 / 2012</b>
Mailing Address <b>144 2ND ST., 1ST FL.</b>		Amount of Each Disbursement this Period <b>1326.51</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>ONLINE PROCESSING</b>	<b>Transaction ID : SB.81</b>
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>B. PIZZA HUT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>318 E. US HIGHWAY 50</b>		Amount of Each Disbursement this Period <b>8.78</b>
City <b>O'FALLON</b>	State <b>IL</b>	
Zip Code <b>62269</b>	Purpose of Disbursement <b>MEETING EXPENSE</b>	<b>Transaction ID : SB.82</b>
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>C. PIZZA HUT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2012</b>
Mailing Address <b>318 E. US HIGHWAY 50</b>		Amount of Each Disbursement this Period <b>23.17</b>
City <b>O'FALLON</b>	State <b>IL</b>	
Zip Code <b>62269</b>	Purpose of Disbursement <b>FOOD/BEVERAGE</b>	<b>Transaction ID : SB.83</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1358.46</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. PRECISION SIGN AND BANNERS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2012</b>
Mailing Address 1055 VALLEY DR.		Amount of Each Disbursement this Period <b>1859.56</b>
City <b>BETTENDORF</b>	State <b>IA</b>	Zip Code <b>52722</b>
Purpose of Disbursement <b>SIGNAGE</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB.84</b>	
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>B. QUICK STOP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2012</b>
Mailing Address 200 N. CHESTNUT ST.		Amount of Each Disbursement this Period <b>67.00</b>
City <b>DESOTO</b>	State <b>IL</b>	Zip Code <b>62924</b>
Purpose of Disbursement <b>TRAVEL</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB.85</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. REVOLVIS CONSULTING INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 25 / 2012</b>
Mailing Address 7185 NAVAJO RD., STE. P		Amount of Each Disbursement this Period <b>10201.12</b>
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip Code <b>92119</b>
Purpose of Disbursement <b>POLLING/TELEMARKETING/PRINTING</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB.86</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12127.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. RIVER BEND GROWTH ASSOCIATION</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 5800 GODFREY Rd.		Amount of Each Disbursement this Period 80.00
City GODFREY	State IL	
Zip Code 62035	Purpose of Disbursement EVENT SITE RENTAL	Transaction ID : SB.87
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>B. ROAD RANGER</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address PO BOX 4745		Amount of Each Disbursement this Period 89.45
City ROCKFORD	State IL	
Zip Code 61110	Purpose of Disbursement TRAVEL	Transaction ID : SB.88
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>C. SHELL SERVICE STATION</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 802 N. MAIN ST.		Amount of Each Disbursement this Period 11.38
City BLOOMINGTON	State IL	
Zip Code 61701	Purpose of Disbursement TRAVEL	Transaction ID : SB.89
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	180.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. SHELL SERVICE STATION</b>		Date of Disbursement
Mailing Address 802 N. MAIN ST.		M M / D D / Y Y Y Y 10 / 18 / 2012
City	State	Zip Code
BLOOMINGTON	IL	61701
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	69.48	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB.90</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL SERVICE STATION</b>		Date of Disbursement
Mailing Address 802 N. MAIN ST.		M M / D D / Y Y Y Y 10 / 24 / 2012
City	State	Zip Code
BLOOMINGTON	IL	61701
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	80.05	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB.91</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL SERVICE STATION</b>		Date of Disbursement
Mailing Address 802 N. MAIN ST.		M M / D D / Y Y Y Y 10 / 31 / 2012
City	State	Zip Code
BLOOMINGTON	IL	61701
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	78.87	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB.92</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	228.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. SIMPLE SOLUTIONS PRINTING INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 110 E. MAIN ST.		Amount of Each Disbursement this Period 95.00
City WEST FRANKFORT State IL Zip Code 62896	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB.93
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>B. SQUARE CO.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 110 FIFTH ST.		Amount of Each Disbursement this Period 9.64
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : SB.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE DMM GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 444 N. MICHIGAN AVE., STE. 3600		Amount of Each Disbursement this Period 1022.50
City CHICAGO State IL Zip Code 60611	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB.96
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1127.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 122		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 450.00
City ALTON State IL Zip Code 62002	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB.97
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 60.00
City ALTON State IL Zip Code 62002	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : SB.98
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>C. VALVOLINE INSTANT OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 6001 N. ILLINOIS ST.		Amount of Each Disbursement this Period 71.19
City FAIRFIEW HEIGHTS State IL Zip Code 62208	Purpose of Disbursement TRAVEL	
Candidate Name		Transaction ID : SB.99
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	581.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 122	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 09 / 2012</b>	
Mailing Address <b>140 WEST ST.</b>			Amount of Each Disbursement this Period <b>50.50</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10007</b>	Transaction ID : <b>SB.100</b>	
Purpose of Disbursement <b>CELL PHONE</b>		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>B. WALMART</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>	
Mailing Address <b>73 PASADENA</b>			Amount of Each Disbursement this Period <b>53.58</b>	
City <b>FAIRVIEW HEIGHTS</b>	State <b>IL</b>	Zip Code <b>62208</b>	Transaction ID : <b>SB.101</b>	
Purpose of Disbursement <b>OFFICE SUPPLIES</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2012</b>	
Mailing Address <b>73 PASADENA</b>			Amount of Each Disbursement this Period <b>7.57</b>	
City <b>FAIRVIEW HEIGHTS</b>	State <b>IL</b>	Zip Code <b>62208</b>	Transaction ID : <b>SB.102</b>	
Purpose of Disbursement <b>OFFICE SUPPLIES</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>111.65</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 122			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. WIBH AM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2012
Mailing Address 330 S. MAIN		Amount of Each Disbursement this Period 975.00
City ANNA State IL Zip Code 62906	Purpose of Disbursement ADVERTISING	
Candidate Name		Transaction ID : SB.103
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>B. NATIONAL RIGHT TO LIFE COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 512 10TH ST., NW		Amount of Each Disbursement this Period 900.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement DIRECT MAIL PRODUCTION	
Candidate Name		Transaction ID : SB.78
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	975.00
<b>TOTAL</b> This Period (last page this line number only).....	410006.65

**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 122	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ILLINOIS REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address <b>55 W. MONROE ST., STE. 940</b>		Amount of Each Disbursement this Period <b>20000.00</b>
City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60603</b>	Purpose of Disbursement <b>TRANSFER</b>	
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)	<b>Transaction ID : SB.63</b>
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>20000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>20000.00</b>

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Transaction ID : **SC10.1**

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

**Jason Plummer**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 1272

City State ZIP Code  
O'Fallon IL 62269

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

### TERMS

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)  
LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

Transaction ID : **SC10.2**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**JASON PLUMMER**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 1272

City State ZIP Code  
OFALLON IL 62269

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

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	50000.00
<b>TOTALS</b> This Period (last page in this line only).....	60000.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Plummer for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JASON PLUMMER**

Nature of Debt (Purpose):  
TRAVEL/POSTAGE/POLLING/MEDIA BUY

Mailing Address PO BOX 1282

City State Zip Code  
OFALLON IL 62269

Outstanding Balance Beginning This Period

33916.49

Transaction ID : SD10.201

Amount Incurred This Period

26410.91

Payment This Period

1410.91

Outstanding Balance at Close of This Period

58916.49

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

Nature of Debt (Purpose):  
STRATEGIC CONSULTING

Mailing Address PO BOX 266

City State Zip Code  
EAST ALTON IL 62024

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.307

Amount Incurred This Period

17012.56

Payment This Period

6387.56

Outstanding Balance at Close of This Period

10625.00

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

Nature of Debt (Purpose):  
TRAVEL

Mailing Address 302 N. WORRELL

City State Zip Code  
BOWEN IL 62316

Outstanding Balance Beginning This Period

261.80

Transaction ID : SD10.202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

261.80

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

69803.29

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 122
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Plummer for Congress**

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

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.203</b>	
12400.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12400.00

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

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.3204</b>	
11737.44		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
10433.40	22170.94	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>REVOLVIS CONSULTING</b>		Nature of Debt (Purpose): STRATEGIC CONSULTING-VENDOR CORRECTED BI
Mailing Address 7185 NAVAJO RD., STE. P		
City	State	Zip Code
SAN DIEGO	CA	92119

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.305</b>	
12500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
-2298.88	10201.12	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	12400.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

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

NAME OF COMMITTEE (In Full)  
**Plummer for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PUBLIC OPINION STRATEGIES</b>	Nature of Debt (Purpose): POLLING
Mailing Address 214 N. FAYETTE ST.	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.306</b>	
Amount Incurred This Period 4500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DECKER CONSULTING</b>	Nature of Debt (Purpose): FUNDRAISING CONSULTING
Mailing Address 244 14TH ST., NE STE. 2	
City State Zip Code WASHINGTON DC 20002	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.308</b>	
Amount Incurred This Period 47731.83	Payment This Period 26187.63	Outstanding Balance at Close of This Period 21544.20

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	26044.20
2) <b>TOTALS</b> This Period (last page this line number only) .....	108247.49
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	60000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	168247.49