

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC
14 MAR -7 PM 3:32
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

OBERWEIS FOR SENATE

ADDRESS (number and street) PO BOX 274
Check if different than previously reported. (ACC) NORTH AURORA IL 60542

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00551531 3. IS THIS REPORT X NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
IL 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

X Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on 03 / 18 / 2014 in the State of IL

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

General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2014 through 02 / 26 / 2014

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

Type or Print Name of Treasurer Shari Martin

Signature of Treasurer Shari Martin Shari Martin Date 03 / 04 / 2014

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

Table with 8 columns and 1 row for Office Use Only.

FEC FORM 3
(Revised 02/2003)

14020163692

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name
OBERWEIS FOR SENATE

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 01 2014 To: ^{M M / D D / Y Y Y Y} 02 26 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	102539.00	207629.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	102539.00	207629.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	146401.66	161808.33
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	146401.66	161808.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	546760.67	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	500000.00	

For further information contact:

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

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

14020163693

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

OBERWEIS FOR SENATE

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 01 2014 To: ^{M M / D D / Y Y Y Y} 02 26 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	92650.00	191800.00
(ii) Unitemized.....	6114.00	7054.00
(iii) TOTAL of contributions from individuals ▶	98764.00	198854.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3775.00	8775.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	102539.00	207629.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	1000.00	1000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	103539.00	708629.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	146401.66	161808.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	60.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	146401.66	161868.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	589623.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103539.00
25. SUBTOTAL (add Line 23 and Line 24).....	693162.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	146401.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	546760.67

14020163695

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 57
	<input checked="" type="checkbox"/> 11a <input 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	

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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Helmut Adam		Date of Receipt M M / D D / Y Y Y Y 02 12 2014	
Mailing Address 371 Randy Ln		Transaction ID : SA11AI.4458	
City Fort Myers Beach	State FL	Zip Code 33931	Amount of Each Receipt this Period \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Olympus Group	Occupation Chairman		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00		

Full Name (Last, First, Middle Initial) B. Ken Aldridge		Date of Receipt M M / D D / Y Y Y Y 01 15 2014	
Mailing Address 28605 Vernon Ct		Transaction ID : SA11AI.4355	
City Libertyville	State IL	Zip Code 60098	Amount of Each Receipt this Period \$ 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aldridge Electric	Occupation Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 2600.00		

Full Name (Last, First, Middle Initial) C. James Arpaia		Date of Receipt M M / D D / Y Y Y Y 02 08 2014	
Mailing Address 1005 Royal Bombay Ct		Transaction ID : SA11AI.4376	
City Naperville	State IL	Zip Code 60563	Amount of Each Receipt this Period \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Vedder Price PC	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00		

SUBTOTAL of Receipts This Page (optional).....	\$ 3600.00
TOTAL This Period (last page this line number only).....	\$

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57		
	<input checked="" type="checkbox"/> 11a <input 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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Mike Babcock			Date of Receipt M M / D D / Y Y Y Y 01 13 2014		
Mailing Address 2 Hemlock Ct			Transaction ID : SA11AI.4345		
City Bethalto	State IL	Zip Code 62010	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00		
Name of Employer Babcock & Assoc		Occupation owner	Amount of Each Receipt this Period \$ 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00	Amount of Each Receipt this Period \$ 250.00		

Full Name (Last, First, Middle Initial) B. Kevin Baines			Date of Receipt M M / D D / Y Y Y Y 01 26 2014		
Mailing Address 457 S Marengo Ave, Unit 21			Transaction ID : SA11AI.4364		
City Pasadena	State CA	Zip Code 91101	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00		
Name of Employer Caltech/JPL		Occupation Research Scientist	Amount of Each Receipt this Period \$ 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00	Amount of Each Receipt this Period \$ 250.00		

Full Name (Last, First, Middle Initial) C. Charles Barenfanger			Date of Receipt M M / D D / Y Y Y Y 02 24 2014		
Mailing Address PO Box 190			Transaction ID : SA11AI.4604		
City Vandalia	State IL	Zip Code 62471	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00		
Name of Employer Effingham Railroad Company		Occupation President	Amount of Each Receipt this Period \$ 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00	Amount of Each Receipt this Period \$ 250.00		

SUBTOTAL of Receipts This Page (optional).....			\$ 750.00		
TOTAL This Period (last page this line number only).....			\$		

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a <input 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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Charles Bobrinsky			Date of Receipt M M / D D / Y Y Y Y 02 24 2014		
Mailing Address 707 Glenridge Dr			Transaction ID : SA11AI.4500		
City	State	Zip Code	Amount of Each Receipt this Period		
Glenview	IL	60025	\$ 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer Ariel Investments		Occupation Asset Manager	\$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00			

Full Name (Last, First, Middle Initial) B. Pier Borra			Date of Receipt M M / D D / Y Y Y Y 02 18 2014		
Mailing Address 4716 Au Cor Dor Dr Box 854			Transaction ID : SA11AI.4479		
City	State	Zip Code	Amount of Each Receipt this Period		
Harbor Springs	MI	49740	\$ 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer Retired		Occupation Retired	\$ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 500.00			

Full Name (Last, First, Middle Initial) C. Dean Buntrock			Date of Receipt M M / D D / Y Y Y Y 02 12 2014		
Mailing Address One Tower Ln, Ste 2242			Transaction ID : SA11AI.4461		
City	State	Zip Code	Amount of Each Receipt this Period		
Oakbrook Terrace	IL	60181	\$ 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer WMX Inc		Occupation Chairman	\$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00			

SUBTOTAL of Receipts This Page (optional).....			\$ 5700.00		
TOTAL This Period (last page this line number only).....			\$		

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 57	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input 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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Rosemarie Buntrock			Date of Receipt M M / D D / Y Y Y Y 02 12 2014	
Mailing Address One Tower Ln, Ste 2242			Transaction ID : SA11AI.4462	
City	State	Zip Code	Amount of Each Receipt this Period	
Oakbrook Terrace	IL	60181	2600.00	
FEC ID number of contributing federal political committee. C			,	
Name of Employer Self		Occupation Homemaker	,	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2600.00	

Full Name (Last, First, Middle Initial) Jeff Burdeaux			Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address PO Box 3980			Transaction ID : SA11AI.4484	
City	State	Zip Code	Amount of Each Receipt this Period	
Lisle	IL	60532	500.00	
FEC ID number of contributing federal political committee. C			,	
Name of Employer Chicago Baking Co		Occupation Executive	,	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00	

Full Name (Last, First, Middle Initial) Allen Cassens			Date of Receipt M M / D D / Y Y Y Y 01 13 2014	
Mailing Address 2 Country Club Ln			Transaction ID : SA11AI.4350	
City	State	Zip Code	Amount of Each Receipt this Period	
Edwardsville	IL	62025	1000.00	
FEC ID number of contributing federal political committee. C			,	
Name of Employer Retired		Occupation Retired	,	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a <input 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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Jeff Choudhry			Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 768 11th St, S.E.			Transaction ID : SA11AI.4368		
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period \$, \$.		
FEC ID number of contributing federal political committee. C			1000.00		
Name of Employer The Nickles Group		Occupation Vice President	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$.	1500.00		

Full Name (Last, First, Middle Initial) Janet Clark			Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014		
Mailing Address 6288 Girvin Dr			Transaction ID : SA11AI.4382		
City Oakland	State CA	Zip Code 94611	Amount of Each Receipt this Period \$, \$.		
FEC ID number of contributing federal political committee. C			1500.00		
Name of Employer Retired		Occupation Retired	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$.	2000.00		

Full Name (Last, First, Middle Initial) James Economos			Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014		
Mailing Address 106 W Bartlett Ave			Transaction ID : SA11AI.4478		
City Bartlett	State IL	Zip Code 60103	Amount of Each Receipt this Period \$, \$.		
FEC ID number of contributing federal political committee. C			1000.00		
Name of Employer Self		Occupation Dentist	, , .		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, \$.	1000.00		

SUBTOTAL of Receipts This Page (optional)	\$, \$.	3500.00
TOTAL This Period (last page this line number only)	\$, \$.	.

14020163700

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 OF 57	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input 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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. William Edson			Date of Receipt M M / D D / Y Y Y Y 02 10 2014	
Mailing Address 9S160 Modaff Rd			Transaction ID : SA11AI.4380	
City Naperville	State IL	Zip Code 60565	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00	
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period \$ 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period \$ 250.00	

Full Name (Last, First, Middle Initial) B. Andrew Faville			Date of Receipt M M / D D / Y Y Y Y 02 12 2014	
Mailing Address 1020 Airpark Dr			Transaction ID : SA11AI.4457	
City Sugar Grove	State AA	Zip Code 60554	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00	
Name of Employer Falex Corp		Occupation Executive	Amount of Each Receipt this Period \$ 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period \$ 250.00	

Full Name (Last, First, Middle Initial) C. Kelvin Fee			Date of Receipt M M / D D / Y Y Y Y 02 06 2014	
Mailing Address 1530 White Eagle Dr			Transaction ID : SA11AI.4396	
City Naperville	State IL	Zip Code 60564	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00	
Name of Employer Wide Open West		Occupation Sr Vice-Pres	Amount of Each Receipt this Period \$ 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period \$ 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 750.00
TOTAL This Period (last page this line number only).....	\$ 750.00

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**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 57
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Patricia Fee			Date of Receipt M M / D D / Y Y Y Y 02 06 2014		
A. Mailing Address 1530 White Eagle Dr			Transaction ID : SA11AI.4374		
City Naperville	State IL	Zip Code 60564	Amount of Each Receipt this Period : 250.00		
FEC ID number of contributing federal political committee. C			: "		
Name of Employer Self-employed		Occupation Housewife	: "		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	: "		
			250.00		

Full Name (Last, First, Middle Initial) Bill Frey			Date of Receipt M M / D D / Y Y Y Y 02 14 2014		
B. Mailing Address 1865 Les Chateaux Blvd, Unit 303			Transaction ID : SA11AI.4465		
City Naples	State FL	Zip Code 34109	Amount of Each Receipt this Period : 500.00		
FEC ID number of contributing federal political committee. C			: "		
Name of Employer Retired		Occupation Retired	: "		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	: "		
			500.00		

Full Name (Last, First, Middle Initial) Pat Frey			Date of Receipt M M / D D / Y Y Y Y 02 14 2014		
C. Mailing Address 1865 Les Chateaux Blvd, Unit 303			Transaction ID : SA11AI.4466		
City Naples	State FL	Zip Code 34109	Amount of Each Receipt this Period : 500.00		
FEC ID number of contributing federal political committee. C			: "		
Name of Employer Retired		Occupation Retired	: "		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	: "		
			500.00		

SUBTOTAL of Receipts This Page (optional).....			: 1250.00		
TOTAL This Period (last page this line number only).....			: "		

14020163702

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

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Richard Glowacki			Date of Receipt M M / D D / Y Y Y Y 02 06 2014	
Mailing Address 1580 Gormican Ln			Transaction ID : SA11AI.4372	
City Naples	State FL	Zip Code 34110	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00		

Full Name (Last, First, Middle Initial) Carol Grimes			Date of Receipt M M / D D / Y Y Y Y 02 26 2014	
Mailing Address 607 N Park Rd			Transaction ID : SA11AI.4514	
City LaGrange Park	State IL	Zip Code 60526	Amount of Each Receipt this Period \$ 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00		

Full Name (Last, First, Middle Initial) Keith Haaf			Date of Receipt M M / D D / Y Y Y Y 02 06 2014	
Mailing Address 498 Thorne St			Transaction ID : SA11AI.4375	
City Batavia	State IL	Zip Code 60510	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Google		Occupation Sr Sales Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional).....	\$ 3100.00
TOTAL This Period (last page this line number only).....	\$

14020163703

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

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

FOR LINE NUMBER: PAGE 13 OF 57
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. William Hoole II			Date of Receipt M M / D D / Y Y Y Y 02 18 2014		
Mailing Address 215 Alexis St			Transaction ID : SA11AI.4475		
City Plano	State IL	Zip Code 60545	Amount of Each Receipt this Period : : 250.00 \$ \$:		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period : : 250.00 \$ \$:		
Name of Employer Horace Mann Insurance		Occupation Insurance Agent	Amount of Each Receipt this Period : : 250.00 \$ \$:		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date : : 250.00 \$ \$:	Amount of Each Receipt this Period : : 250.00 \$ \$:		
Full Name (Last, First, Middle Initial) B. Richard Hoskins			Date of Receipt M M / D D / Y Y Y Y 02 24 2014		
Mailing Address 495 E Deerpath Rd			Transaction ID : SA11AI.4498		
City Lake Forest	State IL	Zip Code 60045	Amount of Each Receipt this Period : : 1000.00 \$ \$:		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period : : 1000.00 \$ \$:		
Name of Employer Colborne Foodbotics		Occupation President	Amount of Each Receipt this Period : : 1000.00 \$ \$:		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date : : 1000.00 \$ \$:	Amount of Each Receipt this Period : : 1000.00 \$ \$:		
Full Name (Last, First, Middle Initial) C. Lorraine Joyce			Date of Receipt M M / D D / Y Y Y Y 01 09 2014		
Mailing Address 2557 Danhaven Ct			Transaction ID : SA11AI.4336		
City Aurora	State IL	Zip Code 60502	Amount of Each Receipt this Period : : 2600.00 \$ \$:		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period : : 2600.00 \$ \$:		
Name of Employer Self		Occupation Homemaker	Amount of Each Receipt this Period : : 2600.00 \$ \$:		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date : : 2600.00 \$ \$:	Amount of Each Receipt this Period : : 2600.00 \$ \$:		
SUBTOTAL of Receipts This Page (optional).....			: : 3850.00 \$ \$:		
TOTAL This Period (last page this line number only).....			: : \$ \$:		

14020163704

**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 57
<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)
OBERWEIS FOR SENATE

A. Full Name (Last, First, Middle Initial) Pat Joyce			Date of Receipt M M / D D / Y Y Y Y 01 09 2014		
Mailing Address 2557 Danhaven Ct			Transaction ID : SA11AI.4335		
City Aurora	State IL	Zip Code 60502	Amount of Each Receipt this Period , , . * 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , . * 2600.00		
Name of Employer Oberweis Asset Management		Occupation Executive Vice-Pres	Amount of Each Receipt this Period , , . * 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . * 2600.00	Amount of Each Receipt this Period , , . * 2600.00		
B. Full Name (Last, First, Middle Initial) Connie Keller			Date of Receipt M M / D D / Y Y Y Y 02 20 2014		
Mailing Address 1155 - 15th st			Transaction ID : SA11AI.4588		
City Oak Brook	State IL	Zip Code 60523	Amount of Each Receipt this Period , , . * 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , . * 2600.00		
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period , , . * 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . * 2600.00	Amount of Each Receipt this Period , , . * 2600.00		
C. Full Name (Last, First, Middle Initial) Dennis Keller			Date of Receipt M M / D D / Y Y Y Y 02 20 2014		
Mailing Address 1155 - 15th st			Transaction ID : SA11AI.4587		
City Oak Brook	State IL	Zip Code 60523	Amount of Each Receipt this Period , , . * 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , . * 2600.00		
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period , , . * 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . * 2600.00	Amount of Each Receipt this Period , , . * 2600.00		
SUBTOTAL of Receipts This Page (optional).....			, , . * 7800.00		
TOTAL This Period (last page this line number only).....			, , . * 7800.00		

14020163705

**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 57
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) James Kenny			Date of Receipt M M / D D / Y Y Y Y 02 24 / 2014		
A. Mailing Address 735 Normandy Ln			Transaction ID : SA11AI.4505		
City Glenview	State IL	Zip Code 60025	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C			Name of Employer Retired		
Name of Employer Retired		Occupation Retired	Election Cycle-to-Date \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) Robert Kohlhepp			Date of Receipt M M / D D / Y Y Y Y 02 08 / 2014		
B. Mailing Address 100 W Rivercenter Blvd, PH #1B			Transaction ID : SA11AI.4377		
City Covington	State KY	Zip Code 41011	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C			Name of Employer Cintas Corp		
Name of Employer Cintas Corp		Occupation Chairman	Election Cycle-to-Date \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

Full Name (Last, First, Middle Initial) Vincent Kolber			Date of Receipt M M / D D / Y Y Y Y 02 20 / 2014		
C. Mailing Address 70 W Madison St, Ste 2340			Transaction ID : SA11AI.4488		
City Chicago	State IL	Zip Code 60602	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C			Name of Employer Residco		
Name of Employer Residco		Occupation Equipment Leasing	Election Cycle-to-Date \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....			\$ 7800.00		
TOTAL This Period (last page this line number only).....			\$		

14020163706

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

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

FOR LINE NUMBER: PAGE 16 OF 57

(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Lawrence Kolinski			Date of Receipt M M / D D / Y Y Y Y 01 23 2014		
Mailing Address 22 W 380 Elmwood Dr			Transaction ID : SA11AI.4360		
City Glen Ellyn	State IL	Zip Code 60137	Amount of Each Receipt this Period \$ 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 500.00		
Name of Employer Norkol, Inc		Occupation Sales	Amount of Each Receipt this Period \$ 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 500.00			
Full Name (Last, First, Middle Initial) B. Harry Langer			Date of Receipt M M / D D / Y Y Y Y 02 18 2014		
Mailing Address 2350 Dorina Dr			Transaction ID : SA11AI.4485		
City Northfield	State IL	Zip Code 60093	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 2600.00		
Name of Employer Self		Occupation Investor	Amount of Each Receipt this Period \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00			
Full Name (Last, First, Middle Initial) C. Joyce Langer			Date of Receipt M M / D D / Y Y Y Y 02 18 2014		
Mailing Address 2350 Dorina Dr			Transaction ID : SA11AI.4486		
City Northfield	State IL	Zip Code 60093	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 2600.00		
Name of Employer Self		Occupation Homemaker	Amount of Each Receipt this Period \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00			
SUBTOTAL of Receipts This Page (optional).....			\$ 5700.00		
TOTAL This Period (last page this line number only).....			\$		

14020163707

**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 57
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Michael Marcucci		Date of Receipt M M / D D / Y Y Y Y 01 22 2014
Mailing Address 410 Blackstone Ave		Transaction ID : SA11AI.4359
City	State Zip Code LaGrange IL 60525	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Alpha Baking Co	Occupation CEO	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Michael May		Date of Receipt M M / D D / Y Y Y Y 02 10 2014
Mailing Address 104 Sharon Ln		Transaction ID : SA11AI.4381
City	State Zip Code N. Aurora IL 60542	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) James McGlynn Sr		Date of Receipt M M / D D / Y Y Y Y 02 06 2014
Mailing Address 1401 Rodenburg Rd		Transaction ID : SA11AI.4373
City	State Zip Code Schaumburg IL 60193	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer McWilliams Electric Co Inc	Occupation Pres/CEO	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	, , . 5450.00
TOTAL This Period (last page this line number only).....	, , .

14020163708

**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 57

<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)
OBERWEIS FOR SENATE

A. Full Name (Last, First, Middle Initial) William Merchantz		Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address 723 North St		Transaction ID : SA11AI,4481	
City Hinsdale	State IL	Zip Code 60521	Amount of Each Receipt this Period : : 2600.00 : :
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date : : 2600.00 : :	
Name of Employer Lakeview Asset Management	Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name (Last, First, Middle Initial) Cathy Merchanyz		Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address 723 North St		Transaction ID : SA11AI,4482	
City Hinsdale	State IL	Zip Code 60521	Amount of Each Receipt this Period : : 2600.00 : :
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date : : 2600.00 : :	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name (Last, First, Middle Initial) Andrew Midlock		Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address 24654 Park Eiver Ln		Transaction ID : SA11AI,4477	
City Shorewood	State IL	Zip Code 60404	Amount of Each Receipt this Period : : 500.00 : :
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date : : 500.00 : :	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional).....		: : 5700.00 : :	
TOTAL This Period (last page this line number only).....		: : : *	

14020163709

**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 57

<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Elizabeth Mooncotch		Date of Receipt M M / D D / Y Y Y Y 02 12 2014	
Mailing Address 3108 St Rt 59, Ste 124-360		Transaction ID : SA11AI.4464	
City State Zip Code Naperville IL 60564	Amount of Each Receipt this Period \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00	
Name of Employer Self	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00		
Full Name (Last, First, Middle Initial) Thomas Mooncotch		Date of Receipt M M / D D / Y Y Y Y 02 12 2014	
Mailing Address 3108 St Rt 59, Ste 124-360		Transaction ID : SA11AI.4463	
City State Zip Code Naperville IL 60564	Amount of Each Receipt this Period \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00	
Name of Employer TMooncotch	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 500.00		
Full Name (Last, First, Middle Initial) Myron Neff		Date of Receipt M M / D D / Y Y Y Y 01 13 2014	
Mailing Address 5919 L Rd		Transaction ID : SA11AI.4349	
City State Zip Code Waterloo IL 62298	Amount of Each Receipt this Period \$ 300.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 300.00		
SUBTOTAL of Receipts This Page (optional).....		\$ 1300.00	
TOTAL This Period (last page this line number only).....		\$	

14020163710

**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 20 OF 57

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Peter Orum			Date of Receipt M M / D D / Y Y Y Y 01 30 2014	
Mailing Address PO Box 384			Transaction ID : SA11AI.4365	
City St. Charles	State IL	Zip Code 60174	Amount of Each Receipt this Period : : 500.00 :	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period : : 500.00 :	
Name of Employer Midwest Groundcovers		Occupation Nursery Farmer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date : : 500.00 :		
Full Name (Last, First, Middle Initial) Martin Ozinga III			Date of Receipt M M / D D / Y Y Y Y 01 13 2014	
Mailing Address 19001 Old LaGrange Rd, Ste 300			Transaction ID : SA11AI.4337	
City Mokena	State IL	Zip Code 60448	Amount of Each Receipt this Period : : 2600.00 :	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period : : 2600.00 :	
Name of Employer Ozinga Bros Inc		Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date : : 2600.00 :		
Full Name (Last, First, Middle Initial) James Pearson			Date of Receipt M M / D D / Y Y Y Y 02 10 2014	
Mailing Address 1 S 773 Nelson Lake Rd			Transaction ID : SA11AI.4379	
City Batavia	State IL	Zip Code 60510	Amount of Each Receipt this Period : : 250.00 :	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period : : 250.00 :	
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date : : 250.00 :		
SUBTOTAL of Receipts This Page (optional).....			: : 3350.00 :	
TOTAL This Period (last page this line number only).....			: : : :	

14020163711

**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 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input 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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Richard Pepper		Date of Receipt M M / D D / Y Y Y Y 02 14 2014	
Mailing Address 78 Dundee Ln		Transaction ID : SA11AI.4467	
City Barrington	State IL	Zip Code 60010	Amount of Each Receipt this Period \$ 2,600.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Pepper Companies	Occupation General Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 2,600.00		

Full Name (Last, First, Middle Initial) B. Roxelyn Pepper		Date of Receipt M M / D D / Y Y Y Y 02 14 2014	
Mailing Address 78 Dundee Ln		Transaction ID : SA11AI.4468	
City Barrington	State IL	Zip Code 60010	Amount of Each Receipt this Period \$ 2,600.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Pepper Companies	Occupation General Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 2,600.00		

Full Name (Last, First, Middle Initial) C. Dan Peterson		Date of Receipt M M / D D / Y Y Y Y 02 24 2014	
Mailing Address 1939 Burr Oak Drive West		Transaction ID : SA11AI.4503	
City Glenview	State IL	Zip Code 60025	Amount of Each Receipt this Period \$ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ZS Associates Inc	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional).....	\$ 5,700.00
TOTAL This Period (last page this line number only).....	\$ 5,700.00

14020163712

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

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

FOR LINE NUMBER: PAGE 22 OF 57

(check only one)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Melanie Peterson			Date of Receipt M M / D D / Y Y Y Y 02 24 2014	
Mailing Address 1939 Burr Oak Drive West			Transaction ID : SA11AI.4504	
City Glenview	State IL	Zip Code 60025	Amount of Each Receipt this Period \$ 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$ 500.00	

Full Name (Last, First, Middle Initial) Robert Pritchard			Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address 15105 Duffy Rd			Transaction ID : SA11AI.4474	
City Hinkley	State IL	Zip Code 60520	Amount of Each Receipt this Period \$ 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer State of Illinois		Occupation State Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$ 1000.00	

Full Name (Last, First, Middle Initial) Edward Ragsdale			Date of Receipt M M / D D / Y Y Y Y 01 13 2014	
Mailing Address 4429 Friarwood Dr			Transaction ID : SA11AI.4339	
City Alton	State IL	Zip Code 62002	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-employed		Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$ 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 1750.00
TOTAL This Period (last page this line number only).....	\$

14020163713

**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 57
	<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)
OBERWEIS FOR SENATE

A. Full Name (Last, First, Middle Initial) Mary Roe Mailing Address 804 Belle Ave City Pinckneyville State IL Zip Code 62274 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date of Receipt M M / D D / Y Y Y Y 02 24 2014 Transaction ID : SA11AI.4598
	Amount of Each Receipt this Period : : 250.00 , , :
	Election Cycle-to-Date : , : 250.00

B. Full Name (Last, First, Middle Initial) Steven Sauerberg Mailing Address 6330 Wesley Rd City Willowbrook State IL Zip Code 60527 FEC ID number of contributing federal political committee. C Name of Employer Family Medical Center Occupation Doctor Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date of Receipt M M / D D / Y Y Y Y 01 15 2014 Transaction ID : SA11AI.4354
	Amount of Each Receipt this Period : : 500.00 , , :
	Election Cycle-to-Date : , : 500.00

C. Full Name (Last, First, Middle Initial) James Schmidt Mailing Address 1802 Cliffside Ct City Naperville State IL Zip Code 60565 FEC ID number of contributing federal political committee. C Name of Employer Federal Health Sign Occupation CFO Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date of Receipt M M / D D / Y Y Y Y 02 12 2014 Transaction ID : SA11AI.4459
	Amount of Each Receipt this Period : : 500.00 , , :
	Election Cycle-to-Date : , : 500.00

SUBTOTAL of Receipts This Page (optional).....	: : 1250.00 , , :
TOTAL This Period (last page this line number only).....	: : : , , :

14020163714

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
	<input checked="" type="checkbox"/> 11a <input 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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Daniel Sergi		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014	
Mailing Address 1S180 Theisen Trl		Transaction ID : SA11AI.4370	
City Batavia	State IL	Zip Code 60510	Amount of Each Receipt this Period \$, \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wine Sergi & Co	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 1000.00		

Full Name (Last, First, Middle Initial) Craig Seseman		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2014	
Mailing Address 311 Hudson Ave		Transaction ID : SA11AI.4363	
City Clarendon Hills	State IL	Zip Code 60514	Amount of Each Receipt this Period \$, \$ 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Partners Warehouse Suppliers	Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 1000.00		

Full Name (Last, First, Middle Initial) Jack Sharkey		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address Box 3156		Transaction ID : SA11AI.4480	
City Quincy	State IL	Zip Code 62305	Amount of Each Receipt this Period \$, \$ 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sharkey Transportation	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$, \$ 2600.00		

SUBTOTAL of Receipts This Page (optional).....	\$, \$ 4600.00
TOTAL This Period (last page this line number only).....	\$, \$

14020163715

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

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

FOR LINE NUMBER: **PAGE 25 OF 57**
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Mark Shaw			Date of Receipt M M / D D / Y Y Y Y 02 24 / 2014		
Mailing Address 33 North County St #300			Transaction ID : SA11AI.4506		
City	State	Zip Code	Amount of Each Receipt this Period		
Waukegan	IL	60085	, , 1000.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer Shaw Law Ltd		Occupation Attorney	, , 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 1000.00		

Full Name (Last, First, Middle Initial) Hung Shing Tsang			Date of Receipt M M / D D / Y Y Y Y 02 14 / 2014		
Mailing Address 26 Buckingham Dr			Transaction ID : SA11AI.4472		
City	State	Zip Code	Amount of Each Receipt this Period		
Sugar Grove	IL	60554	, , 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer Self		Occupation Physician	, , 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 500.00		

Full Name (Last, First, Middle Initial) Joseph Slawek			Date of Receipt M M / D D / Y Y Y Y 01 23 / 2014		
Mailing Address 3205 Royal Fox Dr			Transaction ID : SA11AI.4361		
City	State	Zip Code	Amount of Each Receipt this Period		
St. Charles	IL	60174	, , 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer Fona International		Occupation Executive	, , 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 2600.00		

SUBTOTAL of Receipts This Page (optional).....	, , 4100.00
TOTAL This Period (last page this line number only).....	, , 4100.00

14020163716

**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 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Mary Slawek			Date of Receipt M M / D D / Y Y Y Y 01 24 2014	
Mailing Address 3205 Royal Fox Dr			Transaction ID : SA11AI.4362	
City	State	Zip Code	Amount of Each Receipt this Period	
St. Charles	IL	60174	500.00	
FEC ID number of contributing federal political committee. C			Name of Employer Fona International	
Name of Employer Fona International			Occupation Director/Exec	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Richard Slocum			Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address 7 Walnut Cir			Transaction ID : SA11AI.4476	
City	State	Zip Code	Amount of Each Receipt this Period	
Sugar Grove	IL	60554	250.00	
FEC ID number of contributing federal political committee. C			Name of Employer Dreyer, Foote, Streit Furgason	
Name of Employer Dreyer, Foote, Streit Furgason			Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Kathleen Smith			Date of Receipt M M / D D / Y Y Y Y 02 24 2014	
Mailing Address 22W123 Sheffield			Transaction ID : SA11AI.4495	
City	State	Zip Code	Amount of Each Receipt this Period	
Glen Ellyn	IL	60137	500.00	
FEC ID number of contributing federal political committee. C			Name of Employer Mesurow Financial	
Name of Employer Mesurow Financial			Occupation Benefit Cons	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

14020163717

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

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

FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Russell Smith II		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1418 North Lake Shore Dr, Ste 13		Transaction ID : SA11AI.4469
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period \$ 1000.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 1000.00	

Full Name (Last, First, Middle Initial) Katheryn Starr		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address 1728 Wildberry Dr		Transaction ID : SA11AI.4356
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period \$ 250.00	
Name of Employer Self	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

Full Name (Last, First, Middle Initial) Thomas Streit		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 206 Braeburn Circle		Transaction ID : SA11AI.4483
City Sugar Grove	State IL	Zip Code 60554
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period \$ 250.00	
Name of Employer Dreyer Foote Streit Furgason	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional).....	\$ 1500.00
TOTAL This Period (last page this line number only).....	\$

14020163718

**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 57

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Peter Testa			Date of Receipt M M / D D / Y Y Y Y 02 12 2014	
Mailing Address 4555 S Racine			Transaction ID : SA11AI.4460	
City Chicago	State IL	Zip Code 60609	Amount of Each Receipt this Period \$ 1600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Testa Produce		Occupation Pres		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$ 1600.00	

Full Name (Last, First, Middle Initial) James Timberlake			Date of Receipt M M / D D / Y Y Y Y 01 21 2014	
Mailing Address 108 S Fox Mill Ln			Transaction ID : SA11AI.4357	
City Springfield	State IL	Zip Code 62712	Amount of Each Receipt this Period \$ 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Timberlake Sales		Occupation Sales		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$ 500.00	

Full Name (Last, First, Middle Initial) James Tobin			Date of Receipt M M / D D / Y Y Y Y 02 18 2014	
Mailing Address 1822 Home Ave			Transaction ID : SA11AI.4473	
City Berwin	State IL	Zip Code 60402	Amount of Each Receipt this Period \$ 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Taxpayers United		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	\$ 250.00	

SUBTOTAL of Receipts This Page (optional).....			\$ 2350.00	
TOTAL This Period (last page this line number only).....			\$	

14020163719

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

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

FOR LINE NUMBER: (check only one)	PAGE 29 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Richard Uihlein		Date of Receipt M M / D D / Y Y Y Y 01 21 2014	
Mailing Address 1396 N Waukegan Rd		Transaction ID : SA11AI.4358	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2600.00	
Name of Employer Occupation Uline CEO	Election Cycle-to-Date \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00	
Full Name (Last, First, Middle Initial) Dan Ustian		Date of Receipt M M / D D / Y Y Y Y 01 13 2014	
Mailing Address 8 South 270 Shires Ct		Transaction ID : SA11AI.4351	
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period \$ 2600.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 2600.00	
Name of Employer Occupation Navistar Corp CEO	Election Cycle-to-Date \$ 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 2600.00	
Full Name (Last, First, Middle Initial) William Voss		Date of Receipt M M / D D / Y Y Y Y 02 06 2014	
Mailing Address 822 S Lincoln St		Transaction ID : SA11AI.4371	
City State Zip Code Hinsdale IL 60521	Amount of Each Receipt this Period \$ 1000.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00	
Name of Employer Occupation Self-employed Investor	Election Cycle-to-Date \$ 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 1000.00	
SUBTOTAL of Receipts This Page (optional).....		\$ 6200.00	
TOTAL This Period (last page this line number only).....		\$ 6200.00	

14020163720

**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 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Christopher Wilson			Date of Receipt M M / D D / Y Y Y Y 02 25 2014		
Mailing Address 8127 Shadow Creek Ln			Transaction ID : SA11AI.4510		
City Yorkville	State IL	Zip Code 60560	Amount of Each Receipt this Period \$ 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period \$ 250.00		
Name of Employer Aftermath		Occupation Executive	Amount of Each Receipt this Period \$ 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 250.00	Amount of Each Receipt this Period \$ 250.00		

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer		Occupation	Amount of Each Receipt this Period		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period		

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period		
Name of Employer		Occupation	Amount of Each Receipt this Period		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	Amount of Each Receipt this Period		

SUBTOTAL of Receipts This Page (optional).....	\$ 250.00
TOTAL This Period (last page this line number only).....	\$ 92650.00

14020163721

**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 57
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" 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)
OBERWEIS FOR SENATE

A. Full Name (Last, First, Middle Initial)
ABATE of Illinois FED PAC

Mailing Address **311 E Main #41B**

City **Galesburg** State **IL** Zip Code **61401**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
02 18 2014

Transaction ID : **SA11C.4615**

Amount of Each Receipt this Period
\$ _____
150.00
federally approved funds

B. Full Name (Last, First, Middle Initial)
Citizens for Connelly

Mailing Address **2841 Brunswick Ct**

City **Lisle** State **IL** Zip Code **60532**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
01 09 2014

Transaction ID : **SA11C.4388**

Amount of Each Receipt this Period
\$ _____
250.00
federally approved funds

C. Full Name (Last, First, Middle Initial)
Citizens for Dale A Righter

Mailing Address **PO Box 348**

City **Charleston** State **IL** Zip Code **61920**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
01 15 2014

Transaction ID : **SA11C.4389**

Amount of Each Receipt this Period
\$ _____
1000.00
federally approved funds

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

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

\$ _____
1400.00

14020163722

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 57			
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Citizens for Dan Patlak			Date of Receipt M M / D D / Y Y Y Y 02 24 2014		
Mailing Address 113 Berkshire Dr			Transaction ID : SA11C.4616		
City Wheeling	State IL	Zip Code 60090	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			federally approved funds		
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	125.00		

Full Name (Last, First, Middle Initial) Citizens to Elect D.J. Tegeler			Date of Receipt M M / D D / Y Y Y Y 02 18 2014		
Mailing Address 205 W State St, Ste C			Transaction ID : SA11C.4614		
City Geneva	State IL	Zip Code 60134	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			federally approved funds		
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	250.00		

Full Name (Last, First, Middle Initial) Citizens to Elect Darlene Senger			Date of Receipt M M / D D / Y Y Y Y 01 21 2014		
Mailing Address 598 S Whispering Hills Dr			Transaction ID : SA11C.4393		
City Naperville	State IL	Zip Code 60540	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<i>federally approved funds</i>		
Name of Employer		Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00		

SUBTOTAL of Receipts This Page (optional).....	\$	\$	1375.00
TOTAL This Period (last page this line number only).....	\$	\$	

14020163723

**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 57

<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) Friends of John D Anthony		Date of Receipt M M / D D / Y Y Y Y 01 24 2014
Mailing Address PO Box 828		Transaction ID : SA11C.4390
City Morris	State IL Zip Code 60450	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00
Name of Employer	Occupation	<i>Federally approved funds</i>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$ 2000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$ 1000.00
TOTAL This Period (last page this line number only).....	\$ 3775.00

14020163724

**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 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

A. Full Name (Last, First, Middle Initial)
KEEP OUR MISSION PAC

Mailing Address **228 S. WASHINGTON ST., STE. 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00307405**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
02 18 2014

Transaction ID : **SA12.4617**

Amount of Each Receipt this Period
\$ _____ \$ _____
1000.00

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period
\$ _____ \$ _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period
\$ _____ \$ _____

SUBTOTAL of Receipts This Page (optional)..... \$ _____ \$ _____ **1000.00**

TOTAL This Period (last page this line number only)..... \$ _____ \$ _____ **1000.00**

14020163725

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. 34 Publishing Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 7442 W Madison St		Amount of Each Disbursement this Period \$ 600.00 Transaction ID : SB17.4654
City State Zip Code Forest Park IL 60130	Category/ Type	
Purpose of Disbursement printing	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Awesome Campaigns.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1220 St. Charles Street		Amount of Each Disbursement this Period \$ 15000.00 Transaction ID : SB17.4678
City State Zip Code Elgin IL 60120	Category/ Type	
Purpose of Disbursement printing	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Awesome Campaigns.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1220 St. Charles Street		Amount of Each Disbursement this Period \$ 27010.00 Transaction ID : SB17.4744
City State Zip Code Elgin IL 60120	Category/ Type	
Purpose of Disbursement signs	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	42610.00
TOTAL This Period (last page this line number only).....	\$	\$	

14020163726

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Barrington Township Republican Organization		Date of Disbursement M M / D D / Y Y Y Y 02 25 2014	
Mailing Address PO Box 3841		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : SB17.4756	
City Barrington	State IL		Zip Code 60542
Purpose of Disbursement Sponsorship Advertising			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Richard Cape		Date of Disbursement M M / D D / Y Y Y Y 01 31 2014	
Mailing Address 430 W. Oakwood Dr		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : SB17.4717	
City Barrington	State IL		Zip Code 60010
Purpose of Disbursement payroll			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Capitol Resources Inc		Date of Disbursement M M / D D / Y Y Y Y 02 11 2014	
Mailing Address 109 West Front St		Amount of Each Disbursement this Period \$ 2497.00 Transaction ID : SB17.4663	
City Brooklyn	State IA		Zip Code 60025
Purpose of Disbursement Fundraising			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	3497.00
TOTAL This Period (last page this line number only).....	\$	\$	

14020163727

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Capitol Resources Inc		Date of Disbursement M M / D D / Y Y Y Y 02 24 2014
Mailing Address 109 West Front St		Amount of Each Disbursement this Period \$ 3478.75 Transaction ID : SB17.4664
City Brooklyn	State IA	
Purpose of Disbursement Fundraising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Capitol Resources Inc		Date of Disbursement M M / D D / Y Y Y Y 02 24 2014
Mailing Address 109 West Front St		Amount of Each Disbursement this Period \$ 140.25 Transaction ID : SB17.4676
City Brooklyn	State IA	
Purpose of Disbursement Fundraising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Clear Channel Broadcasting Inc		Date of Disbursement M M / D D / Y Y Y Y 02 19 2014
Mailing Address 455 Eisenhower Lane South		Amount of Each Disbursement this Period \$ 3547.90 Transaction ID : SB17.4661
City Lombard	State IL	
Purpose of Disbursement media		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	7166.90
TOTAL This Period (last page this line number only).....	\$	\$	

14020163728

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Color 4 Me Designs		Date of Disbursement M M / D D / Y Y Y Y 01 16 2014	
Mailing Address 1917 N 73rd Ct		Amount of Each Disbursement this Period \$ 270.00	
City Elmwood Park	State IL	Zip Code 60707	Transaction ID : SB17.4689
Purpose of Disbursement printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Color 4 Me Designs		Date of Disbursement M M / D D / Y Y Y Y 02 25 2014	
Mailing Address 1917 N 73rd Ct		Amount of Each Disbursement this Period \$ 135.00	
City Elmwood Park	State IL	Zip Code 60707	Transaction ID : SB17.4695
Purpose of Disbursement printing		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Comcast		Date of Disbursement M M / D D / Y Y Y Y 02 16 2014	
Mailing Address 1711 E Wilson St		Amount of Each Disbursement this Period \$ 578.47	
City Batavia	State IL	Zip Code 60510	Transaction ID : SB17.4658
Purpose of Disbursement Internet access		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	\$ 983.47
TOTAL This Period (last page this line number only)	\$

14020163729

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Thomas Deets		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 6021 Midway Circle		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : SB17.4716
City Belleville	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Diamond Graphics		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 6625 26th St # 1		Amount of Each Disbursement this Period \$ 1700.00 Transaction ID : SB17.4677
City Berwyn	State IL	
Purpose of Disbursement printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Diamond Graphics		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 6625 26th St # 1		Amount of Each Disbursement this Period \$ 132.00 Transaction ID : SB17.4679
City Berwyn	State IL	
Purpose of Disbursement printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	\$ 2332.00
TOTAL This Period (last page this line number only)	\$

14020163730

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 57
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Diamond Graphics		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 6625 26th St # 1		Amount of Each Disbursement this Period \$ \$ \$ 1334.32 Transaction ID : SB17.4690
City Berwyn	State IL	
Purpose of Disbursement printing		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. Diamond Graphics		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 6625 26th St # 1		Amount of Each Disbursement this Period \$ \$ \$ 1515.45 Transaction ID : SB17.4680
City Berwyn	State IL	
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) 2014
State:	District:	

Full Name (Last, First, Middle Initial) C. Dolfin Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 112 Rockford		Amount of Each Disbursement this Period \$ \$ \$ 4000.00 Transaction ID : SB17.4714
City Forest Park	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ \$ \$ 6849.77
TOTAL This Period (last page this line number only).....	\$ \$ \$

14020163731

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Efficiency Media		M M / D D / Y Y Y Y 02 19 2014	
Mailing Address 3616 Winnetka Rd		Amount of Each Disbursement this Period	
City Glenview	State IL	Zip Code 60026	26099.25
Purpose of Disbursement media		Category/ Type	Transaction ID : SB17.4662
Candidate Name			
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Efficiency Media		M M / D D / Y Y Y Y 02 25 2014	
Mailing Address 3616 Winnetka Rd		Amount of Each Disbursement this Period	
City Glenview	State IL	Zip Code 60026	4438.92
Purpose of Disbursement media		Category/ Type	Transaction ID : SB17.4655
Candidate Name			
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Liz Eilers		M M / D D / Y Y Y Y 01 21 2014	
Mailing Address 50 Lucky Horseshoe		Amount of Each Disbursement this Period	
City Riverton	State IL	Zip Code 62561	750.00
Purpose of Disbursement payroll		Category/ Type	Transaction ID : SB17.4711
Candidate Name			
Office Sought:	Disbursement For: 2014		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	\$	\$	31288.17
TOTAL This Period (last page this line number only)	\$	\$	

14020163732

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Liz Eilers		Date of Disbursement M M / D D / Y Y Y Y 01 31 2014	
Mailing Address 50 Lucky Horseshoe		Amount of Each Disbursement this Period \$ 750.00 Transaction ID : SB17.4722	
City Riverton	State IL		Zip Code 62561
Purpose of Disbursement payroll	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. Liz Eilers		Date of Disbursement M M / D D / Y Y Y Y 02 15 2014	
Mailing Address 50 Lucky Horseshoe		Amount of Each Disbursement this Period \$ 750.00 Transaction ID : SB17.4726	
City Riverton	State IL		Zip Code 62561
Purpose of Disbursement payroll	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. Steven Kallevik		Date of Disbursement M M / D D / Y Y Y Y 02 17 2014	
Mailing Address 1547 Elder Dr		Amount of Each Disbursement this Period \$ 1475.00 Transaction ID : SB17.4734	
City Aurora	State IL		Zip Code 60542
Purpose of Disbursement video production	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	2975.00
TOTAL This Period (last page this line number only).....	\$	\$	

14020163733

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 57			
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Lake County Republican Federation		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 320 Peterson Rd		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.4646
City Libertyville	State IL	
Purpose of Disbursement Ad book		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. James R Leahy		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ 750.00 Transaction ID : SB17.4723
City Bannockburn	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. James R Leahy		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ 100.08 Transaction ID : SB17.4775
City Bannockburn	State IL	
Purpose of Disbursement Travel reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1850.08
TOTAL This Period (last page this line number only).....	\$	\$	

14020163734

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. James R Leahy		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ 750.00 Transaction ID : SB17.4728
City Bannockburn	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. James R Leahy		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ 237.32 Transaction ID : SB17.4778
City Bannockburn	State IL	
Purpose of Disbursement Travel reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Theodore Livengood		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 650 E. Weston Ct		Amount of Each Disbursement this Period \$ 500.00 Transaction ID : SB17.4720
City Round Lake Beach	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) 1487.32

TOTAL This Period (last page this line number only)

14020163735

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 45 OF 57
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. McLean County Republican Central Comm		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 5056		Amount of Each Disbursement this Period \$ 120.00 Transaction ID : SB17.4757
City Bloomington	State IL	
Purpose of Disbursement Tickets		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Carrie Miller		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 607 Stone Circle Court		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.4730
City Schaumburg	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. MWW DPP, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 401 S Main, Ste300		Amount of Each Disbursement this Period \$ 200.00 Transaction ID : SB17.4696
City Naperville	State IL	
Purpose of Disbursement rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 1320.00
TOTAL This Period (last page this line number only).....	

14020163736

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. MWWPPP, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address 401 S Main, Ste300		Amount of Each Disbursement this Period : : 200.00 Transaction ID : SB17.4697
City Naperville	State IL	
Zip Code 60540	Purpose of Disbursement rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. My Vote Counts Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period : : 1500.00 Transaction ID : SB17.4710
City Bannockburn	State IL	
Zip Code 60015	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. My Vote Counts Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period : : 1500.00 Transaction ID : SB17.4713
City Bannockburn	State IL	
Zip Code 60015	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	

14020163737

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 57			
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. My Vote Counts Inc		Date of Disbursement M M / D D / Y Y Y Y 01 31 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ 301.26 Transaction ID : SB17.4776
City Bannockburn	State IL	
Purpose of Disbursement Travel reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. My Vote Counts Inc		Date of Disbursement M M / D D / Y Y Y Y 02 15 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ 1500.00 Transaction ID : SB17.4725
City Bannockburn	State IL	
Purpose of Disbursement payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Northwestern Suburban Republican Lincoln Day Dinner		Date of Disbursement M M / D D / Y Y Y Y 01 21 2014
Mailing Address P.O. Box 59207		Amount of Each Disbursement this Period \$ 1000.00 Transaction ID : SB17.4645
City Schaumburg	State IL	
Purpose of Disbursement Ad book		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 3301.26
TOTAL This Period (last page this line number only).....	\$ 3301.26

14020163738

**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 48 OF 57
	<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)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Nyhan and Friends Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014	
Mailing Address 1701 East Lake Avenue, Ste 335		Amount of Each Disbursement this Period 6500.00	
City Glenview	State IL	Zip Code 60025	Transaction ID : SB17.4709
Purpose of Disbursement payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Nyhan and Friends Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014	
Mailing Address 1701 East Lake Avenue, Ste 335		Amount of Each Disbursement this Period 5500.00	
City Glenview	State IL	Zip Code 60025	Transaction ID : SB17.4724
Purpose of Disbursement payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Paypal		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014	
Mailing Address 2211 North First St		Amount of Each Disbursement this Period 30.00	
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.4665
Purpose of Disbursement credit card fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	12030.00
TOTAL This Period (last page this line number only)	

14020163739

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 01 31 2014	
Mailing Address 2211 North First St		Amount of Each Disbursement this Period	
City San Jose	State CA	Zip Code 95131	274.01
Purpose of Disbursement credit card fees		Category/ Type	Transaction ID : SB17.4670
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 02 01 2014	
Mailing Address 2211 North First St		Amount of Each Disbursement this Period	
City San Jose	State CA	Zip Code 95131	30.00
Purpose of Disbursement credit card fees		Category/ Type	Transaction ID : SB17.4666
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Paypal		Date of Disbursement M M / D D / Y Y Y Y 02 03 2014	
Mailing Address 2211 North First St		Amount of Each Disbursement this Period	
City San Jose	State CA	Zip Code 95131	87.16
Purpose of Disbursement Credit Card fees		Category/ Type	Transaction ID : SB17.4674
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	391.17
TOTAL This Period (last page this line number only).....	

14020163740

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 02 26 2014	
Mailing Address 2211 North First St		Amount of Each Disbursement this Period \$ 41.28	
City San Jose	State CA	Zip Code 95131	Transaction ID : SB17.4671
Purpose of Disbursement Credit card fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Roseanna Pulido		Date of Disbursement M M / D D / Y Y Y Y 01 31 2014	
Mailing Address 1931 Champlain #20		Amount of Each Disbursement this Period \$ 750.00	
City Ottawa	State IL	Zip Code 61350	Transaction ID : SB17.4719
Purpose of Disbursement payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Roseanna Pulido		Date of Disbursement M M / D D / Y Y Y Y 02 15 2014	
Mailing Address 1931 Champlain #20		Amount of Each Disbursement this Period \$ 750.00	
City Ottawa	State IL	Zip Code 61350	Transaction ID : SB17.4727
Purpose of Disbursement payroll		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... \$ 1541.28

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

14020163741

**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)

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

A. Quantum Action Partners Ltd Full Name (Last, First, Middle Initial) Mailing Address 895 E Schirra Drive, Palatine, Ill City Palatine State IL Zip Code 60074 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 01 31 2014 Amount of Each Disbursement this Period \$ 1500.00 Transaction ID : SB17.4715
B. Rebars and Steel Full Name (Last, First, Middle Initial) Mailing Address 4504 E Terra Cotta Ave City Crystal Lake State IL Zip Code 60014 Purpose of Disbursement yard signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 02 07 2014 Amount of Each Disbursement this Period \$ 2100.00 Transaction ID : SB17.4681
C. RedPrint Strategy Full Name (Last, First, Middle Initial) Mailing Address 311 S Fillmore St City Arlington State VA Zip Code 22204 Purpose of Disbursement print consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Date of Disbursement M M / D D / Y Y Y Y 02 24 2014 Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.4731
SUBTOTAL of Disbursements This Page (optional).....		\$ 8600.00
TOTAL This Period (last page this line number only).....		

14020163742

**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)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Schaumburg Township Republican Organization			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014		
Mailing Address 408 Jason Ln			Amount of Each Disbursement this Period \$ 5000.00 Transaction ID : SB17.4753		
City Schaumburg	State IL	Zip Code 60173-2053			Category/ Type
Purpose of Disbursement Sponsorship Advertising		Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:			

Full Name (Last, First, Middle Initial) B. Schaumburg Township Republican Organization			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014		
Mailing Address 408 Jason Ln			Amount of Each Disbursement this Period \$ 300.00 Transaction ID : SB17.4754		
City Schaumburg	State IL	Zip Code 60173-2053			Category/ Type
Purpose of Disbursement Tickets		Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:			

Full Name (Last, First, Middle Initial) C. Theresa Shumpert			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 10654 S State St			Amount of Each Disbursement this Period \$ 750.00 Transaction ID : SB17.4721		
City Chicago	State IL	Zip Code 60628			Category/ Type
Purpose of Disbursement payroll		Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:			

SUBTOTAL of Disbursements This Page (optional)..... \$ 6050.00

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

14020163743

**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 53 OF 57

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. The Chicago Club			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address PO Box 92737			Amount of Each Disbursement this Period 1064.50 Transaction ID : SB17.4675	
City Chicago	State IL	Zip Code 60675		
Purpose of Disbursement fundraiser food		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) B. US Postal Service			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 65 S Randall Rd			Amount of Each Disbursement this Period 19.52 Transaction ID : SB17.4684	
City North Aurora	State IL	Zip Code 60542		
Purpose of Disbursement postage		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

Full Name (Last, First, Middle Initial) C. US Postal Service			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 65 S Randall Rd			Amount of Each Disbursement this Period 46.00 Transaction ID : SB17.4687	
City North Aurora	State IL	Zip Code 60542		
Purpose of Disbursement postage		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1130.02
TOTAL This Period (last page this line number only).....	

14020163744

**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 54 OF 57

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

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014	
Mailing Address 65 S Randall Rd		Amount of Each Disbursement this Period	
City North Aurora	State IL	Zip Code 60542	\$ 19.99
Purpose of Disbursement postage	Candidate Name		Transaction ID : SB17.4688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Tim Wayne		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014	
Mailing Address 32 Belvedere St		Amount of Each Disbursement this Period	
City San Francisco	State CA	Zip Code 94117	\$ 1875.00
Purpose of Disbursement website production	Candidate Name		Transaction ID : SB17.4736
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Catherina Wojtowicz		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address 11308 South Trumbull Avenue		Amount of Each Disbursement this Period	
City Chicago	State IL	Zip Code 60655	\$ 750.00
Purpose of Disbursement payroll	Candidate Name		Transaction ID : SB17.4712
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ 2644.99
TOTAL This Period (last page this line number only).....	\$

14020163745

**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)

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

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

NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Catherina Wojtowicz		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014	
Mailing Address 11308 South Trumbull Avenue		Amount of Each Disbursement this Period 750.00	
City Chicago	State IL	Zip Code 60655	Transaction ID : SB17.4718
Purpose of Disbursement payroll	Category/ Type		
Candidate Name	Disbursement For: 2014		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Catherina Wojtowicz		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014	
Mailing Address 11308 South Trumbull Avenue		Amount of Each Disbursement this Period 750.00	
City Chicago	State IL	Zip Code 60655	Transaction ID : SB17.4729
Purpose of Disbursement payroll	Category/ Type		
Candidate Name	Disbursement For: 2014		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. Yes! Press		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014	
Mailing Address 3604 South Iron St		Amount of Each Disbursement this Period 1595.00	
City Chicago	State IL	Zip Code 60609	Transaction ID : SB17.4693
Purpose of Disbursement printing	Category/ Type		
Candidate Name	Disbursement For: 2014		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

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

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

3095.00

14020163746

**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)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
---	------------------------------------	-------------------------------------	------------------------------------

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

NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. Yes! Press		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address 3604 South Iron St		Amount of Each Disbursement this Period	
City Chicago	State IL	Zip Code 60609	\$ 340.00
Purpose of Disbursement printing		Category/ Type	Transaction ID : SB17.4694
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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

SUBTOTAL of Disbursements This Page (optional).....	\$ 340.00
TOTAL This Period (last page this line number only).....	144683.43

14020163747

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4237

OBERWEIS FOR SENATE

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

[PERSONAL FUNDS]

Election: 2014

JAMES D 'JIM' OBERWEIS

Primary

General

Other (specify) ▼

Mailing Address

3 BUCKINGHAM DR

City

State

ZIP Code

SUGAR GROVE

IL

60554

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000.00

0.00

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 31 / Y 2013

M M / D D / Y 12/31/2014

1.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

500000.00

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

500000.00

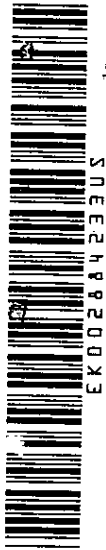
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020163748

NAPERVILLE, IL
MAR 05 40
AMOUNT
\$28.85
00081689-13



1007



EK0026A4233US

PRIORITY MAIL EXPRESS™



Post Office To Address

ORIGIN (POSTAL SERVICE USE ONLY)		Post Office To Address	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
60508	07/06/14	\$ 23.15	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
07/05/14		\$	\$
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Return Receipt Fee	
1:58 PM		\$	
Weight	<input type="checkbox"/> Live Shipment	Total Postage & Fees	
1.58 lbs.		\$ 23.15	
Flat Rate	<input type="checkbox"/> Sunday/Holiday Premium	Acceptance Employee Initials	
		TLE	
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Address (MM/DD/YYYY)	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
7/11/14	11:50		
Delivery Address (MM/DD/YYYY)	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
7/11/14	11:50		

3-ADDRESSEE COPY

PSN 7500-02-000-8896

TABLE 11-B, JULY 2013

SCREENED

CUSTOMER USE ONLY

FROM: PLEASE PRINT PHONE:

POST OFFICE

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED
Note: The maker must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature, OR 2) Purchases additional insurance, OR 3) Purchases COD. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery (delivered on all days, where available)
*Refer to USPS.com® or local Post Office® for availability.

TO: PLEASE PRINT PHONE ()

POST OFFICE

ZIP + 4 (U.S. ADDRESSES ONLY)
* For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
* \$100.00 insurance included.

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE

For Domestic Use Only

PRIORITY MAIL EXPRESS

TRACKED INSURED

Label 127R, July 2013

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL **X**

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

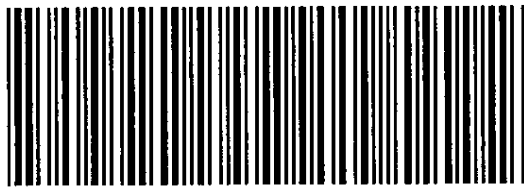
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH**

DATE PREPARED **3-7-14**

14020163750



14020163751