

RECEIVED
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PUBLIC OFFICE

14 APR 14 PM 3:44

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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

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 ▲
STATE ▼ DISTRICT
C C00551531 3. IS THIS REPORT X NEW (N) OR AMENDED (A) IL 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
X April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M D D Y Y in the State of

5. Covering Period M M D D Y Y Y through M M D D Y Y
02 27 2014 03 31 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 04 09 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.

14020181785

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
OBERWEIS FOR SENATE

Report Covering the Period: From: ^M02 / ^D27 ^Y2014 To: ^M03 ^U31 ^Y2014

	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)) ..	48818.50	256447.50
(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))...	48818.50	256447.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	122748.16	284556.49
(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))...	122748.16	284556.49
8. Cash on Hand at Close of Reporting Period (from Line 27)...	473081.01	
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

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DETAILED SUMMARY PAGE
of Receipts

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Write or Type Committee Name

OBERWEIS FOR SENATE

Report Covering the Period: From: ^{M M} 02 ^{D D} 27 ^{Y Y} 2014 To: ^{M M} 03 ^{D D} 31 ^{Y Y Y} 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)...	46350.00	238150.00
(ii) Unitemized.....	1968.50	9022.50
(iii) TOTAL of contributions from individuals	48318.50	247172.50
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	500.00	9275.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	48818.50	256447.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	250.00	1250.00
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)...	49068.50	757697.50

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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...	122748.16	284556.49
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) ►	122748.16	284616.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	546760.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	49068.50
25. SUBTOTAL (add Line 23 and Line 24)...	595829.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	122748.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	473081.01

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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 5 OF 39
	<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) Dale Berger			Date of Receipt M M D D Y Y 03 31 2014		
A. Mailing Address 540 Hickory Ln			Transaction ID : SA11AI.5098		
City Wauconda	State IL	Zip Code 60084	Amount of Each Receipt this Period 1400.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1400.00			

Full Name (Last, First, Middle Initial) Maureen Berger			Date of Receipt M M D D Y Y 03 31 2014		
B. Mailing Address 540 Hickory Ln			Transaction ID : SA11AI.5097		
City Wauconda	State IL	Zip Code 60084	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00			

Full Name (Last, First, Middle Initial) Charles Bobrinsky			Date of Receipt M M D D Y Y 03 31 2014		
C. Mailing Address 707 Glenridge Dr			Transaction ID : SA11AI.5084		
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 Ariel Investments		Occupation Asset Manager			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00			

SUBTOTAL of Receipts This Page (optional).....	6600.00
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 39
	<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) Mary Anne Bobrinskoy			Date of Receipt M M D D Y Y 03 31 2014		
Mailing Address 707 Glenridge Dr			Transaction ID : SA11AI.5085		
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 Self-employed		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) Mary Anne Bobrinskoy			Date of Receipt M M D D Y Y 03 31 2014		
Mailing Address 707 Glenridge Dr			Transaction ID : SA11AI.5087		
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 Self-employed		Occupation Homemaker			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00			

Full Name (Last, First, Middle Initial) Scott Budd			Date of Receipt M M D D Y Y 03 20 2014		
Mailing Address 571 Glen Garry Rd			Transaction ID : SA11AI.4916		
City Cary	State IL	Zip Code 60013	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Edward Jones		Occupation Financial Advisor			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional).....	5450.00
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:	PAGE 7 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. Christopher Burke		Date of Receipt M M D D Y Y Y Y 03 11 2014
Mailing Address 8S201 College Rd		Transaction ID : SA11AI.4900
City Naperville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Christopher Burke Engineering	Occupation Engineer	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. David Clayton		Date of Receipt M M D D Y Y Y Y 03 10 2014
Mailing Address 761 Shoreline Dr		Transaction ID : SA11AI.4895
City Aurora	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Andy Frain Services	Occupation President	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. John Curielli		Date of Receipt M M D D Y Y Y Y 03 28 2014
Mailing Address 128 S Northwest Hwy		Transaction ID : SA11AI.4959
City Barrington	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Law Offices of John Curielli	Occupation Lawyer	1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 39
	<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) Thomas Dalum		Date of Receipt M M D D Y Y Y Y 03 25 2014
A. Mailing Address 9235 Gulf Shore Dr		Transaction ID : SA11AI.4951
City Naples	State FL	Zip Code 34108
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	1000.00

Full Name (Last, First, Middle Initial) Anthony DeMonte		Date of Receipt M M D D Y Y Y Y 03 31 2014
B. Mailing Address 1931 St. Clair Dr		Transaction ID : SA11AI.5088
City Pekin	State IL	Zip Code 61554
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	2000.00

Full Name (Last, First, Middle Initial) Christopher Galvin		Date of Receipt M M D D Y Y Y Y 03 04 2014
C. Mailing Address 71 South Wacker Dr, Ste 3575		Transaction ID : SA11AI.4890
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Harrison Street Capital LP	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	350.00

SUBTOTAL of Receipts This Page (optional).....	2350.00
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:	PAGE 9 OF 39
	(check only one)	
	<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. Cindy Galvin		Date of Receipt
Mailing Address 71 South Wacker Dr Ste 3550		M M / D D Y Y Y Y 03 / 04 2014
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.4747
Name of Employer Bardes Interiors		Occupation Interior Design
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 2600.00
		2600.00

Full Name (Last, First, Middle Initial) B. Judy Gardner		Date of Receipt
Mailing Address 3303 Golfview Dr		M M / D D Y Y Y Y 03 / 11 2014
City Joliet	State IL	Zip Code 60431
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.4897
Name of Employer Self-employed		Occupation Home builder
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 500.00
		500.00

Full Name (Last, First, Middle Initial) C. Thomas Gleason		Date of Receipt
Mailing Address 7515 Pelican Blvd 9D		M M / D D Y Y Y Y 03 / 24 2014
City Naples	State FL	Zip Code 34106
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.4946
Name of Employer Retired		Occupation Retired
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Amount of Each Receipt this Period 1000.00
		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 10 OF 39
	<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. Jeffrey Grimes		Date of Receipt M M / D D Y Y Y 03 19 2014
Mailing Address 5902 Timber Trails Blvd		Transaction ID : SA11AI.4910
City Western Springs	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Info requested	Occupation Info requested	250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Alan Hirschfield		Date of Receipt M M / D D Y Y Y 03 31 2014
Mailing Address 1124 Mayfair Ln		Transaction ID : SA11AI.5107
City Glencoe	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pankow Associates	Occupation Executive	500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Richard Kent		Date of Receipt M M / D D Y Y Y 03 06 2014
Mailing Address 100 Village Green Ste 200		Transaction ID : SA11AI.4852
City Lincolnshire	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Kentco Capital Corp	Occupation CEO	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 11 OF 39
	<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. Vincent Kolber			Date of Receipt M M D D Y Y Y Y 03 31 2014		
Mailing Address 70 W Madison St, Ste 2340			Transaction ID : SA11AI.5102		
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		Occupation Equipment Leasing			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00			

Full Name (Last, First, Middle Initial) B. Greg Leach			Date of Receipt M M D D Y Y Y Y 03 11 2014		
Mailing Address 1319 Bassett Ct			Transaction ID : SA11AI.4896		
City Joliet	State IL	Zip Code 60431	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self-employed		Occupation Home builder			
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. John Leach			Date of Receipt M M D D Y Y Y Y 03 11 2014		
Mailing Address 2407 Mayfair			Transaction ID : SA11AI.4899		
City Joliet	State IL	Zip Code 60433	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).....	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 12 OF 39
	<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. Mark Lillie		Date of Receipt M M D Y Y Y 03 31 2014
Mailing Address 1161 Midwest Ln		Transaction ID : SA11AI.5091
City Wheeling	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kirkland & Ellis LLP	Occupation Lawyer	500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Vernon Loucks		Date of Receipt M M D Y Y Y 03 18 2014
Mailing Address 1101 Skokie Blvd, Ste 240		Transaction ID : SA11AI.4906
City Northbrook	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Athena Group LLC	Occupation Chairman	1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Josh Manion		Date of Receipt M M D Y Y Y 03 31 2014
Mailing Address 10696 Mora Dr		Transaction ID : SA11AI.5105
City Los Altos Hills	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Ensignton	Occupation Chairman	5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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:	PAGE 13 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) John McEnroe		Date of Receipt M M / D D Y Y Y Y 03 / 17 / 2014
Mailing Address 222 N LaSalle, Ste 2600		Transaction ID : SA11AI.4905
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Vedder, Smith & Price	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	

Full Name (Last, First, Middle Initial) Robert McLennan		Date of Receipt M M / D D Y Y Y Y 03 / 31 / 2014
Mailing Address 8111 Bay Colony Dr, Unit 904		Transaction ID : SA11AI.5099
City Naples	State FL	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Julie Oberweis		Date of Receipt M M / D D Y Y Y Y 03 / 31 / 2014
Mailing Address 10696 Mora Dr		Transaction ID : SA11AI.5106
City Los Altos Hills	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Ensignton	Occupation Board Member	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

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

14020181797

**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 39
	<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 Porter			Date of Receipt M M D D Y Y Y Y 03 28 2014		
Mailing Address 875 Bryant Ave			Transaction ID : SA11AI.4955		
City Winnetka	State IL	Zip Code 60093	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Kirkland & Ellis LLP		Occupation Lawyer			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00			

Full Name (Last, First, Middle Initial) B. David Riley			Date of Receipt M M D D Y Y Y Y 03 29 2014		
Mailing Address 2 South Cove Dr			Transaction ID : SA11AI.4960		
City S. Barrington	State IL	Zip Code 60010	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4100.00			

Full Name (Last, First, Middle Initial) C. Tom Roeser			Date of Receipt M M D D Y Y Y Y 03 31 2014		
Mailing Address 36 Brinker Rd			Transaction ID : SA11AI.5083		
City Barrington Hills	State IL	Zip Code 60010	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Otto Engineering		Occupation Executive			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00			

SUBTOTAL of Receipts This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

14020181798

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

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

FOR LINE NUMBER: PAGE 15 OF 39
(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) John Smith			Date of Receipt M M D D Y Y 03 31 2014		
A. Mailing Address 315 Rosedale Rd			Transaction ID : SA11AI.5109		
City Cedar Rapids	State IA	Zip Code 52403	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer CRST Int'l		Occupation Executive			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00		

Full Name (Last, First, Middle Initial) Edward Swan			Date of Receipt M M D D Y Y 03 31 2014		
B. Mailing Address 726 Greenwood Ave			Transaction ID : SA11AI.5103		
City Wilmette	State IL	Zip Code 60091	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Kirkland & Ellis LLP		Occupation Lawyer			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	500.00		

Full Name (Last, First, Middle Initial) Lewis Uhler			Date of Receipt M M D D Y Y 03 31 2014		
C. Mailing Address 7330 Morningside Dr			Transaction ID : SA11AI.5111		
City Granite Bay	State CA	Zip Code 95746	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer LimitTaxes.org		Occupation President			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	

14020181799

**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 39	
	(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) A. Michael Uremovich			Date of Receipt M M / D D Y Y Y Y 03 / 04 2014	
Mailing Address 16701 West Sweedler Rd			Transaction ID : SA11AI.4740	
City Manhattan	State IL	Zip Code 60447	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Manhattan Mechanical		Occupation Contractor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) B. Thomas Wake			Date of Receipt M M / D D Y Y Y Y 03 / 29 2014	
Mailing Address PO Box 3067			Transaction ID : SA11AI.4961	
City Naperville	State IL	Zip Code 60566	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Eby-Brown		Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2600.00	

Full Name (Last, First, Middle Initial) C.			Date of Receipt	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
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).....	3600.00
TOTAL This Period (last page this line number only).....	46350.00

14020181800

**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 39	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) Citizens for Karen McConaughay			Date of Receipt M M D D Y Y Y Y 03 04 2014	
A. Mailing Address 902 S Randall Rd. Ste 295			Transaction ID : SA11C.4928	
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		federally accepted 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 500.00		

Full Name (Last, First, Middle Initial)			Date of Receipt	
B. Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
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	
C. Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C				
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).....	500.00
TOTAL This Period (last page this line number only).....	500.00

14020181801

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 39
	(check only one)	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) MB FINANCIAL INC POLITICAL ACTION COMMITTEE			Date of Receipt M M D D Y Y Y Y 03 04 2014
A. Mailing Address 6111 N RIVER ROAD			Transaction ID : SA12.4925
City ROSEMONT	State IL	Zip Code 60018	
FEC ID number of contributing federal political committee. C C00414508			Amount of Each Receipt this Period 250.00
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)			Date of Receipt M M
B. 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
C. 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).....	250.00
TOTAL This Period (last page this line number only).....	250.00

14020181802

**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 19 OF 39			
	<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. 34 Publishing Inc		Date of Disbursement M M / D D Y Y Y Y 03 / 08 2014
Mailing Address 7442 W Madison St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4982
City Forest Park	State IL Zip Code 60130	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Gary Bernstein		Date of Disbursement M M / D D Y Y Y Y 03 / 15 2014
Mailing Address 161 Delmar Dr		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4989
City Bolingbrook	State IL Zip Code 60440	
Purpose of Disbursement Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Richard Cape		Date of Disbursement M M / D D Y Y Y Y 02 / 28 2014
Mailing Address 430 W. Oakwood Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5002
City Barrington	State IL Zip Code 60010	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

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

14020181803

**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. CBS Radio		Date of Disbursement 03 10 2014
Mailing Address 22 W Washington St		Amount of Each Disbursement this Period 26099.25 Transaction ID : SB17.4977
City Chicago	State IL	
Purpose of Disbursement Acverting-radio		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. Thomas Deets		Date of Disbursement 02 28 2014
Mailing Address 6021 Midway Circle		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5001
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) c. Diamond Graphics		Date of Disbursement 03 02 2014
Mailing Address 6625 26th St # 1		Amount of Each Disbursement this Period 11550.00 Transaction ID : SB17.5080
City Berwyn	State IL	
Purpose of Disbursement Yard signs		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)..... 38649.25

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

14020181804

**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. Dolfin Inc		Date of Disbursement	
Mailing Address 112 Rockford		M M	D D Y Y
		02	28 2014
City	State	Zip Code	Amount of Each Disbursement this Period
Forest Park	IL	60130	
Purpose of Disbursement payroll			4000.00
Candidate Name		Category/ Type	Transaction ID : SB17.4995
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) B. Dolfin Inc		Date of Disbursement	
Mailing Address 112 Rockford		M M	D D Y Y
		03	01 2014
City	State	Zip Code	Amount of Each Disbursement this Period
Forest Park	IL	60130	
Purpose of Disbursement reimbursement			1311.81
Candidate Name		Category/ Type	Transaction ID : SB17.4987
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) c. Community Media Workshop		Date of Disbursement	
Mailing Address 600 S Michigan Ave		M M	D D Y Y
		02	28 2014
City	State	Zip Code	Amount of Each Disbursement this Period
Chicago	IL	60606	
Purpose of Disbursement Media list & software			349.00
Candidate Name		Category/ Type	Transaction ID : SB17.4987.1
Office Sought:	Disbursement For: 2014		[MEMO ITEM]
<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)..... 5311.81

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

14020181805

**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 22 OF 39

<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. Home Depot		Date of Disbursement M M / D D / Y Y 02 / 28 / 2014
Mailing Address 5501 Belleville Crossing		Amount of Each Disbursement this Period \$ 397.81 Transaction ID : SB17.4987.2 [MEMO ITEM]
City Belleville	State IL Zip Code 62226	
Purpose of Disbursement Yard sign support	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. Peoria County Republican Central Committee		Date of Disbursement M M / D D / Y Y 02 / 28 / 2014
Mailing Address 8835 N Knoxville Ave, Ste 8		Amount of Each Disbursement this Period \$ 210.00 Transaction ID : SB17.4987.3 [MEMO ITEM]
City Peoria	State IL Zip Code 61615-1722	
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) C. Liz Eilers		Date of Disbursement M M / D D / Y Y 02 / 28 / 2014
Mailing Address 50 Lucky Horseshoe		Amount of Each Disbursement this Period \$ 750.00 Transaction ID : SB17.5004
City Riverton	State IL Zip Code 62561	
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)..... \$ 750.00

TOTAL This Period (last page this line number only)..... \$ 750.00

14020181806

**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 03 04 2014	
Mailing Address 50 Lucky Horseshoe			
City Riverton	State IL	Zip Code 62561	Amount of Each Disbursement this Period 202.24
Purpose of Disbursement reimbursement	Candidate Name		Transaction ID : SB17.4988
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)		Category/ Type
State:	District:		

Full Name (Last, First, Middle Initial) B. Liz Eilers		Date of Disbursement M M / D D Y Y 03 15 2014	
Mailing Address 50 Lucky Horseshoe			
City Riverton	State IL	Zip Code 62561	Amount of Each Disbursement this Period 303.07
Purpose of Disbursement reimbursement	Candidate Name		Transaction ID : SB17.4991
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)		Category/ Type
State:	District:		

Full Name (Last, First, Middle Initial) C. Liz Eilers		Date of Disbursement M M / J D Y Y 03 15 2014	
Mailing Address 50 Lucky Horseshoe			
City Riverton	State IL	Zip Code 62561	Amount of Each Disbursement this Period 750.00
Purpose of Disbursement payroll	Candidate Name		Transaction ID : SB17.5010
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		Category/ Type
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	1255.31
TOTAL This Period (last page this line number only).....	\$	\$.

14020181807

**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. K&R Consultants		Date of Disbursement M M / D D Y Y - Y Y 02 28 2014
Mailing Address 1064 Cheltenham Road		Amount of Each Disbursement this Period \$, \$ 800.00 Transaction ID : SB17.4998
City Elk Grove Village	State IL Zip Code 60007	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Lake County Republican Federation		Date of Disbursement M M D D Y Y 03 15 2014
Mailing Address 320 Peterson Rd		Amount of Each Disbursement this Period \$ \$ 250.00 Transaction ID : SB17.4967
City Libertyville	State IL Zip Code 60048	
Purpose of Disbursement Advertising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. James R Leahy		Date of Disbursement M M D D Y Y 02 28 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period \$ \$ 750.00 Transaction ID : SB17.4994
City Bannockburn	State IL Zip Code 60015	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 1800.00

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

14020181808

**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 25 OF 39			
	<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. James R Leahy		Date of Disbursement M M / D D Y Y 03 / 15 2014
Mailing Address 1210 Half Day Rd		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5014
City Bannockburn	State IL Zip Code 60015	
Purpose of Disbursement payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Theodore Livengood		Date of Disbursement M M / D D Y Y 02 / 28 2014
Mailing Address 650 E. Weston Ct		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5006
City Round Lake Beach	State IL Zip Code 60073	
Purpose of Disbursement payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Carrie Miller		Date of Disbursement M M / D D Y Y 02 / 28 2014
Mailing Address 607 Stone Circle Court		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4997
City Schaumburg	State IL Zip Code 60194	
Purpose of Disbursement payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

14020181809

**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. MWWDP, LLC		Date of Disbursement	
Mailing Address 401 S Main, Ste300		M M	J D Y Y Y
City Naperville State IL Zip Code 60540		03	01 2014
Purpose of Disbursement Office Rent	Candidate Name	Amount of Each Disbursement this Period	
Category/Type		, , 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.4992	

Full Name (Last, First, Middle Initial) B. My Vote Counts Inc		Date of Disbursement	
Mailing Address 1210 Half Day Rd		M M	D D Y Y Y
City Bannockburn State IL Zip Code 60015		02	28 2014
Purpose of Disbursement payroll	Candidate Name	Amount of Each Disbursement this Period	
Category/Type		, , 1500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.4993	

Full Name (Last, First, Middle Initial) C. My Vote Counts Inc		Date of Disbursement	
Mailing Address 1210 Half Day Rd		M M	J D Y Y Y
City Bannockburn State IL Zip Code 60015		03	15 2014
Purpose of Disbursement payroll	Candidate Name	Amount of Each Disbursement this Period	
Category/Type		, , 1500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014	
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : SB17.5013	

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

14020181810

**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 27 OF 39	
	<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. Neuhoff Media		Date of Disbursement M M / D D Y Y 03 02 2014	
Mailing Address 250 N Water St # 100		Amount of Each Disbursement this Period	
City Decatur	State IL	Zip Code 62523	2854.30
Purpose of Disbursement Media	Candidate Name		Transaction ID : SB17.5081
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) B. Nyhan and Friends Inc		Date of Disbursement M M / D D Y Y 03 01 2014	
Mailing Address 1701 East Lake Avenue, Ste 335		Amount of Each Disbursement this Period	
City Glenview	State IL	Zip Code 60025	5500.00
Purpose of Disbursement payroll	Candidate Name		Transaction ID : SB17.5008
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)		Category/ Type
State: District:			

Full Name (Last, First, Middle Initial) c. Oberweis Dairy		Date of Disbursement M M / D D Y Y 03 22 2014	
Mailing Address 951 Ice Cream Dr		Amount of Each Disbursement this Period	
City North Aurora	State IL	Zip Code 60542	461.17
Purpose of Disbursement Campaign meeting food	Candidate Name		Transaction ID : SB17.4975
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)		Category/ Type
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	8815.47
TOTAL This Period (last page this line number only).....	\$	\$.

14020181811

**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. Office Max			Date of Disbursement M M D D Y Y 03 04 2014		
Mailing Address 3070 U.S. 34			Amount of Each Disbursement this Period \$, \$ 82.40 Transaction ID : SB17.4979		
City Oswego	State IL	Zip Code 60543			
Purpose of Disbursement Office Supplies		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. Paypal			Date of Disbursement M M D D Y Y 03 01 2014		
Mailing Address 2211 North First St			Amount of Each Disbursement this Period \$, \$ 30.00 Transaction ID : SB17.4968		
City San Jose	State CA	Zip Code 95131			
Purpose of Disbursement Credit card fees		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. Paypal			Date of Disbursement M M D D Y Y 03 08 2014		
Mailing Address 2211 North First St			Amount of Each Disbursement this Period \$, \$ 40.00 Transaction ID : SB17.5035		
City San Jose	State CA	Zip Code 95131			
Purpose of Disbursement credit card fees		Candidate Name	Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:			
SUBTOTAL of Disbursements This Page (optional).....			152.40		
TOTAL This Period (last page this line number only).....					

14020181812

**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 29 OF 39	
	<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. Paypal		Date of Disbursement	
Mailing Address 2211 North First St		M M	U D Y Y
		03	10 2014
City San Jose	State CA	Zip Code 95131	Amount of Each Disbursement this Period
Purpose of Disbursement credit card fees	Candidate Name		40.00
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)		Transaction ID : SB17.5036
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement	
Mailing Address 2211 North First St		M M	D D Y Y
		03	31 2014
City San Jose	State CA	Zip Code 95131	Amount of Each Disbursement this Period
Purpose of Disbursement credit card fees	Candidate Name		388.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.4972
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. Paypros		Date of Disbursement	
Mailing Address 8200 Central Ave		M M	D D Y Y
		03	04 2014
City Newark	State CA	Zip Code 94560	Amount of Each Disbursement this Period
Purpose of Disbursement credit card fees	Candidate Name		143.00
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)		Transaction ID : SB17.4974
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional).....	571.72
TOTAL This Period (last page this line number only).....	

14020181813

**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 30 OF 39	
	<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. Roseanna Pulido		Date of Disbursement M M D D Y Y 02 28 2014	
Mailing Address 1931 Champlain #20		Amount of Each Disbursement this Period 750.00	
City Ottawa	State IL	Zip Code 61350	Transaction ID : SB17.5005
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. Roseanna Pulido		Date of Disbursement M M D D Y Y 03 15 2014	
Mailing Address 1931 Champlain #20		Amount of Each Disbursement this Period 750.00	
City Ottawa	State IL	Zip Code 61350	Transaction ID : SB17.5012
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. Quantum Action Partners Ltd		Date of Disbursement M M D D Y Y 02 28 2014	
Mailing Address 895 E Schirra Drive, Palatine, Ill		Amount of Each Disbursement this Period 1500.00	
City Palatine	State IL	Zip Code 60074	Transaction ID : SB17.4996
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).....	3000.00
TOTAL This Period (last page this line number only).....	-

14020181814

**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 31 OF 39			
	<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. Republicans of Wheeling Township		Date of Disbursement M M D D Y Y 03 02 2014	
Mailing Address PO Box		Amount of Each Disbursement this Period	
City Arlington Heights	State IL	Zip Code 60006	1020.00
Purpose of Disbursement Advertising	Candidate Name		Transaction ID : SB17.4965
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. Theresa Shumpert		Date of Disbursement M M D D Y Y Y 02 28 2014	
Mailing Address 10654 S State St		Amount of Each Disbursement this Period	
City Chicago	State IL	Zip Code 60628	1500.00
Purpose of Disbursement payroll	Candidate Name		Transaction ID : SB17.5007
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. Taxpayers for Skillicorn		Date of Disbursement M M D D Y Y 03 08 2014	
Mailing Address 245 Dunridge Cir		Amount of Each Disbursement this Period	
City East Dundee	State IL	Zip Code 60118	500.00
Purpose of Disbursement printing	Candidate Name		Transaction ID : SB17.4983
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).....	\$	\$	3020.00
TOTAL This Period (last page this line number only).....	\$	\$	*

14020181815

**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 32 OF 39			
	<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. US Postal Service		Date of Disbursement	
Mailing Address 65 S Randall Rd		M M	D D Y Y Y
City North Aurora State IL Zip Code 60542		02	28 2014
Purpose of Disbursement Postage		Amount of Each Disbursement this Period	
Candidate Name		49.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.4980	
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	
Mailing Address 65 S Randall Rd		M M	D D Y Y Y
City North Aurora State IL Zip Code 60542		03	05 2014
Purpose of Disbursement Postage		Amount of Each Disbursement this Period	
Candidate Name		28.85	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.4981	
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. WDWS		Date of Disbursement	
Mailing Address 2301 South Neil		M M	D D Y Y Y
City Champaign State IL Zip Code 61820		02	28 2014
Purpose of Disbursement Media-radio		Amount of Each Disbursement this Period	
Candidate Name		2459.05	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.5064	
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).....			2536.90
TOTAL This Period (last page this fine number only).....			

14020181816

**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. WGN Radio		Date of Disbursement
Mailing Address 435 N Michigan Ave		M M / D D / Y Y Y Y 02 / 28 / 2014
City Chicago	State IL	Zip Code 60611
Purpose of Disbursement Advertising-radio	Candidate Name	Amount of Each Disbursement this Period 16067.55 Transaction ID : SB17.5020
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. WIBQ Radio		Date of Disbursement
Mailing Address 824 South 3rd St.		M M / D D / Y Y Y Y 02 / 28 / 2014
City Terre Haute	State IN	Zip Code 47807
Purpose of Disbursement Media-radio	Candidate Name	Amount of Each Disbursement this Period 670.48 Transaction ID : SB17.5026
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. WJBC/Cumulus Radio		Date of Disbursement
Mailing Address 236 Greenwood Avenue		M M / D D / Y Y 02 / 28 / 2014
City Bloomington	State IL	Zip Code 61704
Purpose of Disbursement Media-radio	Candidate Name	Amount of Each Disbursement this Period 2637.55 Transaction ID : SB17.5022
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).....	\$	\$	19375.58
TOTAL This Period (last page this line number only).....	\$	\$.

14020181817

**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. WKEI		Date of Disbursement M M / D D Y Y Y 02 28 2014	
Mailing Address 133 E Division St		Amount of Each Disbursement this Period 814.25 Transaction ID : SB17.5076	
City Kewanee	State IL		Zip Code 61443
Purpose of Disbursement Media-radio	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. WMAV Radio		Date of Disbursement M M / D D Y Y Y 02 28 2014	
Mailing Address 1510 North Third Street		Amount of Each Disbursement this Period 2267.80 Transaction ID : SB17.5031	
City Riverton	State IL		Zip Code 62561
Purpose of Disbursement Media-radio	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. WMBD		Date of Disbursement M M / D D Y Y Y 02 28 2014	
Mailing Address 331 Fulton St.		Amount of Each Disbursement this Period 3241.70 Transaction ID : SB17.5072	
City Peoria	State IL		Zip Code 61602
Purpose of Disbursement Media-radio	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).....	6323.75
TOTAL This Period (last page this line number only).....	.

14020181818

**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
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NAME OF COMMITTEE (In Full)
OBERWEIS FOR SENATE

Full Name (Last, First, Middle Initial) A. WOC Radio		Date of Disbursement M M / D D Y Y Y Y 02 / 28 2014
Mailing Address 3535 East Kimberly Road		Amount of Each Disbursement this Period \$ 3547.90 Transaction ID : SB17.5024
City Davenport State IA Zip Code 63908	Category/ Type	
Purpose of Disbursement Media-radio		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)
Candidate Name	State: District:	

Full Name (Last, First, Middle Initial) B. Catherina Wojtowicz		Date of Disbursement M M / D D Y Y Y Y 02 / 28 2014
Mailing Address 11308 South Trumbull Avenue		Amount of Each Disbursement this Period \$ 250.00 Transaction ID : SB17.5003
City Chicago State IL Zip Code 60655	Category/ Type	
Purpose of Disbursement payroll		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)
Candidate Name	State: District:	

Full Name (Last, First, Middle Initial) C. Catherina Wojtowicz		Date of Disbursement M M / J D Y Y Y Y 03 / 15 2014
Mailing Address 11308 South Trumbull Avenue		Amount of Each Disbursement this Period \$ 250.00 Transaction ID : SB17.5009
City Chicago State IL Zip Code 60655	Category/ Type	
Purpose of Disbursement payroll		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)
Candidate Name	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	4047.90
TOTAL This Period (last page this line number only).....	\$	\$.

14202181819

**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. WROK		Date of Disbursement
Mailing Address 3901 Brendenwood Road		02 28 2014
City Rockford	State IL	Zip Code 61107
Purpose of Disbursement Media-radio	Amount of Each Disbursement this Period 2340.90	
Candidate Name	Transaction ID : SB17.5078	
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) B. WRPW		Date of Disbursement
Mailing Address 108 Boeykens Pl		02 28 2014
City Normal	State IL	Zip Code 61761
Purpose of Disbursement Media-radio	Amount of Each Disbursement this Period 1620.27	
Candidate Name	Transaction ID : SB17.5074	
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary General Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial) C. WSOY		Date of Disbursement
Mailing Address 250 N Water St - Suite 100		02 28 2014
City Decatur	State IL	Zip Code 60523
Purpose of Disbursement Media-radio	Amount of Each Disbursement this Period 2854.30	
Candidate Name	Transaction ID : SB17.5066	
Office Sought: House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary General Other (specify)	
State: District:		
SUBTOTAL of Disbursements This Page (optional).....		6815.47
TOTAL This Period (last page this line number only).....		

14020181820

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 OF 39	
	<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. WTAX Radio			Date of Disbursement		
Mailing Address 3501 East Sangamon Ave.			02 28 2014		
City Springfield	State IL	Zip Code 62707	Amount of Each Disbursement this Period		
Purpose of Disbursement Media-radio		Candidate Name	3197.70		
Office Sought: House Senate President			Category/ Type	Transaction ID : SB17.5028	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary General Other (specify)		State: District:			

Full Name (Last, First, Middle Initial) B. WZOE			Date of Disbursement		
Mailing Address 2209 S. Main Street			02 28 2014		
City Princeton	State IL	Zip Code 61356	Amount of Each Disbursement this Period		
Purpose of Disbursement Media-radio		Candidate Name	797.27		
Office Sought: House Senate President			Category/ Type	Transaction ID : SB17.5070	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary General Other (specify)		State: District:			

Full Name (Last, First, Middle Initial) C. WZUS			Date of Disbursement		
Mailing Address 111 WEST MAIN CROSS			02 28 2014		
City Taylorville	State IL	Zip Code 62568	Amount of Each Disbursement this Period		
Purpose of Disbursement Media-radio		Candidate Name	797.94		
Office Sought: House Senate President			Category/ Type	Transaction ID : SB17.5068	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary General Other (specify)		State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4792.91
TOTAL This Period (last page this line number only).....	

14020181821

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 39

<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. Yes! Press		Date of Disbursement
Mailing Address 3604 South Iron St		03 08 2014
City Chicago	State IL	Zip Code 60609
Purpose of Disbursement Printing	Amount of Each Disbursement this Period	
Candidate Name	5538.00	
Office Sought: House Senate President	Disbursement For: 2014	Transaction ID : SB17.4985
State: District:	<input checked="" type="checkbox"/> Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. Yes! Press		Date of Disbursement
Mailing Address 3604 South Iron St		03 15 2014
City Chicago	State IL	Zip Code 60609
Purpose of Disbursement Printing	Amount of Each Disbursement this Period	
Candidate Name	2090.00	
Office Sought: House Senate President	Disbursement For: 2014	Transaction ID : SB17.4986
State: District:	<input checked="" type="checkbox"/> Primary General Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name		
Office Sought: House Senate President	Disbursement For:	Primary General Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7628.00
TOTAL This Period (last page this line number only).....	122296.47

14020181822

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4237
OBERWEIS FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES D 'JIM' OBERWEIS Mailing Address 3 BUCKINGHAM DR	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
---	-------------------------	---

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:
	12 31 2013	12/31/2014	1.00 % (apr)	Yes <input checked="" type="checkbox"/> No

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

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

14020181823

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



U.S. POSTAGE
PAID
NAPERVILLE, IL
APR 10, 2014
RMCOUNT
\$19.99
00081689-17

PRIORITY MAIL EXPRESS

OUR FASTEST SERVICE



WHEN USED INTERNALLY
A CUSTOMS DECLARATION LABEL MAY BE REQUIRED

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

EPI3F July 2013 OD:
PS 10001000006

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) _____

PHONE: () _____

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the Signature Required box if the mailer: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD Service; OR (4) Purchases Return Receipt Service. If the box is not checked, the Postal Service will leave the item at the addressee's first acceptable or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

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- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Retail (USPS.com® or local Post Office® for availability)

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2-Day

Military

DPO

PO Zip Code _____

Scheduled Delivery Date (MM/DD/YY) _____

Postage \$ _____

Insurance Fee \$ _____

Date Accepted (MM/DD/YY) _____

Scheduled Delivery Time
 10:30 AM 3:00 PM 12 NOON

Postage \$ _____

Insurance Fee \$ _____

Time Accepted _____

10:30 AM Delivery Fee \$ _____

Return Receipt Fee \$ _____

Line Animal Transportation Fee \$ _____

Weight _____

Acceptance Employee Initials \$ _____

Total Postage & Fees \$ _____

Rate _____

Acceptance Employee Initials \$ _____

Total Postage & Fees \$ _____

Rate _____

Acceptance Employee Initials \$ _____

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United States Senate

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 4/10/14 _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 4/14/14

14020181825

14020181826

