

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Libertarian Party of Illinois

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="9956.54"/>	<input type="text" value="9956.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7742.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8676.22"/>	<input type="text" value="96534.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="16418.40"/>	<input type="text" value="106491.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13995.13"/>	<input type="text" value="104067.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2423.27"/>	<input type="text" value="2423.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Libertarian Party of Illinois

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3999.22	17949.50
(ii) Unitemized	4677.00	9825.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8676.22	27775.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8676.22	27775.06
12. Transfers From Affiliated/Other Party Committees.....	0.00	68727.53
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	31.94
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8676.22	96534.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8676.22	96534.53

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	13995.13	104067.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13995.13	104067.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13995.13	104067.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13995.13	104067.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8676.22	27775.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8676.22	27775.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	13995.13	104067.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	13995.13	104067.80

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

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Libertarian Party of Illinois

A. Guadalupe Diaz
 Full Name (Last, First, Middle Initial)
 Mailing Address 604 W. Miller Street
 City Bloomington State IL Zip Code 61701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Popeyes Occupation Area Supervisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.80

Date of Receipt 09 / 15 / 2014
Transaction ID : SA11AI.15605
 Amount of Each Receipt this Period 402.80
 Convection Donation

B. Ms. Julia A. Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 536 S. 5TH ST.
 City Dundee State IL Zip Code 60118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bell Flavors & Fragrances Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.56

Date of Receipt 07 / 12 / 2014
Transaction ID : SA11AI.15430
 Amount of Each Receipt this Period 20.14
 General Donation

C. Ms. Julia A. Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 536 S. 5TH ST.
 City Dundee State IL Zip Code 60118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bell Flavors & Fragrances Occupation Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.70

Date of Receipt 07 / 28 / 2014
Transaction ID : SA11AI.15448
 Amount of Each Receipt this Period 20.14
 General Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 443.08
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)
A. Ms. Julia A. Fox

Mailing Address 536 S. 5TH ST.

City State Zip Code
Dundee IL 60118

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

Name of Employer Occupation
Bell Flavors & Fragrances Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2014
Transaction ID : SA11AI.15474

Amount of Each Receipt this Period
20.14

General Donation

Full Name (Last, First, Middle Initial)
B. Ms. Julia A. Fox

Mailing Address 536 S. 5TH ST.

City State Zip Code
Dundee IL 60118

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

Name of Employer Occupation
Bell Flavors & Fragrances Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
958.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2014
Transaction ID : SA11AI.15478

Amount of Each Receipt this Period
298.00

Convention Ticket

Full Name (Last, First, Middle Initial)
C. Ms. Julia A. Fox

Mailing Address 536 S. 5TH ST.

City State Zip Code
Dundee IL 60118

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

Name of Employer Occupation
Bell Flavors & Fragrances Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1093.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014
Transaction ID : SA11AI.15543

Amount of Each Receipt this Period
135.00

Convention

SUBTOTAL of Receipts This Page (optional)..... ▶ 453.14

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Karen Green
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Crooked Creek Road

City Bloomington State IL Zip Code 61705

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

Name of Employer Unemployed Occupation Unemployed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.14**

Date of Receipt
08 / 24 / 2014
Transaction ID : SA11AI.15461

Amount of Each Receipt this Period
298.00

Convention Ticket

B. Karen Green
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Crooked Creek Road

City Bloomington State IL Zip Code 61705

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

Name of Employer Unemployed Occupation Unemployed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.14**

Date of Receipt
08 / 24 / 2014
Transaction ID : SA11AI.15476

Amount of Each Receipt this Period
80.00

Convention Ticket

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

Mailing Address 209 E. Howard St.

City Pontiac State IL Zip Code 61764

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

Name of Employer Self Employed Occupation Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.00**

Date of Receipt
08 / 24 / 2014
Transaction ID : SA11AI.15465

Amount of Each Receipt this Period
174.00

Convention Ticket

SUBTOTAL of Receipts This Page (optional)..... **552.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Sharon Hansen
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 E. Howard St.
 City Pontiac State IL Zip Code 61764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Self Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 324.00

Date of Receipt
 09 / 15 / 2014
Transaction ID : SA11AI.15588
 Amount of Each Receipt this Period
 50.00
 Convetion Donation

B. Josh Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 Homestead Rd Apt 3
 City La Grange Park State IL Zip Code 60526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Madden Communications Project Coordinator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 09 / 14 / 2014
Transaction ID : SA11AI.15542
 Amount of Each Receipt this Period
 144.00
 Convention Ticket

C. Crystal Jurczynski
 Full Name (Last, First, Middle Initial)
 Mailing Address 895 Winchester Ct.
 City Carol Stream State IL Zip Code 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Crystal Point Consulting Website Architect
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 236.00

Date of Receipt
 09 / 15 / 2014
Transaction ID : SA11AI.15593
 Amount of Each Receipt this Period
 62.00
 Convetion Donation

SUBTOTAL of Receipts This Page (optional).....▶	256.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Mr. David Kaufman		Date of Receipt MM / DD / YYYY 07 / 12 / 2014 Transaction ID : SA11AI.15433
Mailing Address 310 West Wayne Place		Amount of Each Receipt this Period 200.00 General Donation
City Wheeling	State IL	Zip Code 60090
FEC ID number of contributing federal political committee. C		
Name of Employer Howard Simon & Assoc.	Occupation pension plan administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) B. Mr. David Kaufman		Date of Receipt MM / DD / YYYY 07 / 28 / 2014 Transaction ID : SA11AI.15438
Mailing Address 310 West Wayne Place		Amount of Each Receipt this Period 100.00 General Donation
City Wheeling	State IL	Zip Code 60090
FEC ID number of contributing federal political committee. C		
Name of Employer Howard Simon & Assoc.	Occupation pension plan administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Mr. David Kaufman		Date of Receipt MM / DD / YYYY 09 / 10 / 2014 Transaction ID : SA11AI.15492
Mailing Address 310 West Wayne Place		Amount of Each Receipt this Period 99.00 Convention Ticket
City Wheeling	State IL	Zip Code 60090
FEC ID number of contributing federal political committee. C		
Name of Employer Howard Simon & Assoc.	Occupation pension plan administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2399.00	

SUBTOTAL of Receipts This Page (optional).....▶	399.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial) A. Ben Koyl		Date of Receipt MM / DD / YYYY 08 / 24 / 2014 Transaction ID : SA11AI.15477
Mailing Address 5400 Walnut Ave. Unit 211		Amount of Each Receipt this Period 124.00
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C	Convention Ticket	
Name of Employer The Law Office of Ben W. Koyl	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.00	

Full Name (Last, First, Middle Initial) B. Delwyn Liang		Date of Receipt MM / DD / YYYY 09 / 14 / 2014 Transaction ID : SA11AI.15545
Mailing Address 3042 S Union Ave.		Amount of Each Receipt this Period 105.00
City Chicago	State IL	Zip Code 60616-3019
FEC ID number of contributing federal political committee. C	Convention	
Name of Employer Related Midwest	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00	

Full Name (Last, First, Middle Initial) C. Delwyn Liang		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 Transaction ID : SA11AI.15595
Mailing Address 3042 S Union Ave.		Amount of Each Receipt this Period 110.00
City Chicago	State IL	Zip Code 60616-3019
FEC ID number of contributing federal political committee. C	Convention Donation	
Name of Employer Related Midwest	Occupation Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.00	

SUBTOTAL of Receipts This Page (optional).....▶	339.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. John Siebken
Full Name (Last, First, Middle Initial)

Mailing Address 1426 W. Losey Street

City Galesburg	State IL	Zip Code 61401
-------------------	-------------	-------------------

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

Name of Employer District 235 School	Occupation Teacher
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2014

Transaction ID : SA11AI.15431

Amount of Each Receipt this Period

10.00

General Donation

B. John Siebken
Full Name (Last, First, Middle Initial)

Mailing Address 1426 W. Losey Street

City Galesburg	State IL	Zip Code 61401
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FEC ID number of contributing federal political committee. **C**

Name of Employer District 235 School	Occupation Teacher
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		28		2014

Transaction ID : SA11AI.15449

Amount of Each Receipt this Period

10.00

General Donation

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

Mailing Address 1426 W. Losey Street

City Galesburg	State IL	Zip Code 61401
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FEC ID number of contributing federal political committee. **C**

Name of Employer District 235 School	Occupation Teacher
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2014

Transaction ID : SA11AI.15489

Amount of Each Receipt this Period

10.00

General Donation

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)
A. Walter Simons

Mailing Address 519 Normandy Lane

City Barrington	State IL	Zip Code 60010
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation retired
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2014

Transaction ID : SA11AI.15428

Amount of Each Receipt this Period
100.00

General Donation

Full Name (Last, First, Middle Initial)
B. Walter Simons

Mailing Address 519 Normandy Lane

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer None	Occupation retired
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : SA11AI.15445

Amount of Each Receipt this Period
100.00

General Donation

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

Mailing Address 519 Normandy Lane

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer None	Occupation retired
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2014

Transaction ID : SA11AI.15472

Amount of Each Receipt this Period
100.00

General Donation

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Walter Simons
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 Normandy Lane
 City State Zip Code
 Barrington IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1074.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014
Transaction ID : SA11AI.15503
 Amount of Each Receipt this Period
 174.00
 Convention Ticket

B. Walter Simons
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 Normandy Lane
 City State Zip Code
 Barrington IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1114.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.15597
 Amount of Each Receipt this Period
 40.00
 Convetion Donation

C. Walter Simons
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 Normandy Lane
 City State Zip Code
 Barrington IL 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1144.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.15601
 Amount of Each Receipt this Period
 30.00
 Convetion Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 244.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)
A. Matthew Skopek

Mailing Address **PO BOX 454**

City **LEMONT** State **IL** Zip Code **60439-0454**

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

Name of Employer **Harrahs Casino Joliet** Occupation **Finance**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2014

Transaction ID : SA11AI.15505

Amount of Each Receipt this Period

124.00

Convention Ticket

Full Name (Last, First, Middle Initial)
B. Emily Stoll

Mailing Address **516 Arapaho Trail**

City **Lake Villa** State **IL** Zip Code **60046**

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

Name of Employer **Allstate** Occupation **Actuary**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2014

Transaction ID : SA11AI.15432

Amount of Each Receipt this Period

50.00

General Donation

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

Mailing Address **516 Arapaho Trail**

City **Lake Villa** State **IL** Zip Code **60046**

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

Name of Employer **Allstate** Occupation **Actuary**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2014

Transaction ID : SA11AI.15490

Amount of Each Receipt this Period

50.00

General Donation

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

224.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)
A. Dianna Visek

Mailing Address 608 W. Pennsylvania

City Urbana	State IL	Zip Code 61801
----------------	-------------	-------------------

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

Name of Employer Self	Occupation Landlord
--------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2014
Transaction ID : SA11AI.15496

Amount of Each Receipt this Period
224.00

Convention Ticket

Full Name (Last, First, Middle Initial)
B. Benedict Wes

Mailing Address 1444 Duke Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Libertarian National Committee	Occupation Chair
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.15585

Amount of Each Receipt this Period
505.00

Convetion Donation

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

Mailing Address 1444 Duke Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

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

Name of Employer Libertarian National Committee	Occupation Chair
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.15600

Amount of Each Receipt this Period
30.00

Convetion Donation

SUBTOTAL of Receipts This Page (optional).....	759.00
TOTAL This Period (last page this line number only).....	3999.22

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. EDA Interactive LLC

Mailing Address 5721 Dragon Way
Suite 212

City Cincinnati State OH Zip Code 45227

Purpose of Disbursement
Convention Speaker Ben Swann

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.15575

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FedEx Office

Mailing Address 1509 N. Veterans Pkwy

City Bloomington State IL Zip Code 61704

Purpose of Disbursement
Convention Printing

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.15551

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FedEx Office

Mailing Address 1509 N. Veterans Pkwy

City Bloomington State IL Zip Code 61704

Purpose of Disbursement
Convention printing

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.15557

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Karen Green

Mailing Address 2707 Crooked Creek Road

City Bloomington State IL Zip Code 61705

Purpose of Disbursement
Convention Expenses

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

Transaction ID : SB21B.15552

Amount of Each Disbursement this Period

625.25

Full Name (Last, First, Middle Initial)

B. Holiday Inn - Bolingbrook

Mailing Address 205 Remington Blvd

City Bolingbrook State IL Zip Code 60440

Purpose of Disbursement
Convention Hall

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB21B.15556

Amount of Each Disbursement this Period

6324.68

Full Name (Last, First, Middle Initial)

C. Holiday Inn - Bolingbrook

Mailing Address 205 Remington Blvd

City Bolingbrook State IL Zip Code 60440

Purpose of Disbursement
Convention Hall

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Transaction ID : SB21B.15558

Amount of Each Disbursement this Period

122.84

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

7072.77

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Holiday Inn - Bolingbrook

Mailing Address 205 Remington Blvd

City Bolingbrook State IL Zip Code 60440

Purpose of Disbursement
Convention Hall

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.15559

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Law Office of Ben W. Koyl, P.C.

Mailing Address 9851 S. Wood St.

City Chicago State IL Zip Code 60643

Purpose of Disbursement
Legal Services

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.15574

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
PayPal Fee's

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.15437

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
PayPal Fee's

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SB21B.15452

Amount of Each Disbursement this Period

22.63

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
PayPal Fee's

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2014

Transaction ID : SB21B.15460

Amount of Each Disbursement this Period

28.45

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
PayPal Fee's

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2014

Transaction ID : SB21B.15480

Amount of Each Disbursement this Period

56.41

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

107.49

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
PayPal Fee's

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB21B.15507

Amount of Each Disbursement this Period

112.30

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
PayPal Fee's

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2014

Transaction ID : SB21B.15548

Amount of Each Disbursement this Period

27.42

Full Name (Last, First, Middle Initial)

C. Southwest Airlines Co.

Mailing Address 5700 South Cicero Ave

City Chicago State IL Zip Code 60638-3831

Purpose of Disbursement
Convention Travel

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2014

Transaction ID : SB21B.15580

Amount of Each Disbursement this Period

205.20

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

344.92

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Benedict Wes

Mailing Address 1444 Duke Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Wes Benedict Convention Speaking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.15582

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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