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FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Cor			Offi	ce Use Only
NAME OF COMMITTEE (in the community of the community	TYPE OR PRIN	• –	example: If typing over the lines.	g, type	12FE4M5	
CITIZENS FOR	RPALOMO					1
<u> </u>						
	ı PO BOX 3274	1				
ADDRESS (number and	street)					
Check if diffe						
than previous reported. (AC		)N 			IL 6001	
2. <b>FEC IDENTIFIC</b>	ATION NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0049845		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	IL 08
4. TYPE OF REP	PORT (Choose One)	(b) 12-Day <b>PR</b>	<b>E</b> -Election Repor	rt for the:		1
(a) Quarterly Re	ports:	П	Primary (12P)	Г	General (12G)	Runoff (12R)
April 15	Quarterly Report (Q1)	Ī				
X July 15	Quarterly Report (Q2)		Convention (1	20)	Special (12S)	
October	15 Quarterly Report (Q3)	Election or	n M M /	D D /	YYYY	in the State of
January	31 Year-End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Rep	ort for the:		
			General (30G)		Runoff (30R)	Special (30S)
Terminat	ion Report (TER)	Election or	M M /	D D /	Y   Y   Y   Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y 2013	through	M M 06	/ D D / Y	Y Y Y 2013
I certify that I have ex	ramined this Report and t	o the best of my k	knowledge and b	elief it is tr	rue, correct and co.	mplete.
Type or Print Name o	f Treasurer Gail Muehro	ke				
Signature of Treasurer	Gail Muehrcke		[Electronically F	iled] [	Date 07	05 /
NOTE: Submission of f	alse, erroneous, or incomp	lete information may	y subject the pers	son signing	this Report to the p	enalties of 2 U.S.C. §437g.
Office Use Only					F	FEC FORM 3 (Revised 02/2003)
FE5AN018	· · ·					

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name
CITIZENS FOR PALOMO

R	eport	Covering the Period: From:	04 / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z	То:		2013 Y
			COLUMN A This Period		COLUMN B Election Cycle-to-Date	e
6.	Net	Contributions (other than loans)		<u> </u>		
	(a)	Total Contributions (other than loans) (from Line 11(e))		0.00	193	322.70
	(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))	, ,	0.00	193	322.70
7.	Net	Operating Expenditures				
	(a)	Total Operating Expenditures (from Line 17)	, ,	0.00	384	110.23
	(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))		0.00	384	110.23
8.		ch on Hand at Close of porting Period (from Line 27)	136	67.47		
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on ledule C and/or Schedule D)		0.00		
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	2060	00.00		

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

#### CITIZENS FOR PALOMO

06 2013 04 01 2013 30 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 15727.00 (i) Itemized (use Schedule A)..... 0.00 2250.00 (ii) Unitemized ..... (iii) TOTAL of contributions 0.00 17977.00 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 1345.70 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 0.00 19322.70 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 20600.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 20600.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) ..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 39922.70 (Carry Total to Line 24, page 4).....

### **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.	OPEF	RATING EXPENDITURES	0.00	38410.23
18.		ISFERS TO OTHER HORIZED COMMITTEES	0.00	0.00
 19.	LOAN	I REPAYMENTS:		
		Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) (	Of All Other Loans	0.00	0.00
	` '	TOTAL LOAN REPAYMENTS add Lines 19(a) and (b))	0.00	0.00
20.	REFU	INDS OF CONTRIBUTIONS TO:		
	` '	ndividuals/Persons Other  Than Political Committees	0.00	0.00
			0.00	0.00
		Political Party Committees  Other Political Committees	0.00	0.00
	` '	such as PACs)	0.00	0.00
	` '	TOTAL CONTRIBUTION REFUNDS add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТНЕ	ER DISBURSEMENTS	0.00	145.00
22.		Lines 17, 18, 19(c), 20(d), and 21)	0.00	38555.23
		III. CASH SU	MMARY	
23.	CASH	ON HAND AT BEGINNING OF REPOR	RTING PERIOD	1367.47
24	4 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		0.00	
25.	SUBT	OTAL (add Line 23 and Line 24)		1367.47
26.	TOTA	L DISBURSEMENTS THIS PERIOD (fror	m Line 22)	0.00
	CASH	ON HAND AT CLOSE OF REPORTING		1367.47

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.4169 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>18 2011 0.00 7/18/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4343 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> <sup>D</sup> 17 2011 0.00 7/18/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

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OF

for each category of the **LOANS** Detailed Summary Page Transaction ID: SC/10.4344 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>31 <sup>M</sup> 10<sup>M</sup> 2011 0.00 7/18/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ......

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OF

Detailed Summary Page Transaction ID: SC/10.4348 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup>25 2011 0.00 7/18/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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OF

**LOANS** (check only one) Detailed Summary Page Transaction ID: SC/10.4349 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м <sub>= М</sub> <sup>D</sup>25 2011 0.00 7/18/2013 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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DANS		Detailed Summary Page (Check Only Check Only
AME OF COMMITTEE (In Full) CITIZENS FOR PALOMO		Transaction ID : SC/10.4395
LOAN SOURCE Full Name (Last, First	st, Middle Initial)	Election: 2012    Yimary
ANDREW G. PALOMO  Mailing Address		General Other (specify) ▼
PO BOX 3274		——————————————————————————————————————
City BARRINGTON		<sup>9</sup> Code 011
Original Amount of Loan 2000.00	Cumulative Paymen	Balance Outstanding at Close of This Period  0.00  2000.00
TERMS  Date Incurred	Date [	Due Interest Rate Secured:
M01 <sup>M</sup> / D31 / Y Ž01Ž Y	M M / D D /	7/2013
List All Endorsers or Guarantors (if a	= :	
1. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial	)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial	)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial	)	Name of Employer
Mailing Address		Occupation
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	onal)	2000.00
OTALS This Period (last page in this lin	e only)	
Carry outstanding balance only to LINE	3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4406 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2100.00 0.00 2100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 <sup>M</sup> 05<sup>M</sup> Ž012 0.00 5/7/13 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2100.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4407 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 City State ZIP Code IL 60011 BARRINGTON Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 <sup>M</sup> 06<sup>M</sup> Ž012 0.00 6/1/13 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4423 NAME OF COMMITTEE (In Full) CITIZENS FOR PALOMO LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary ANDREW G G. PALOMO General Mailing Address Other (specify)  $\blacktriangledown$ PO BOX 3274 State ZIP Code City IL 60011 BARRINGTON Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> 03 Ž012 0.00 4/3/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) ...... 20600.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.