

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Community Bankers Association of Illinois FedPac

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		15380.16
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	15962.81									
(c) Total Receipts (from Line 19)	7407.20	9386.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23370.01	24766.51								
7. Total Disbursements (from Line 31)	7084.34	8480.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16285.67	16285.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Community Bankers Association of Illinois FedPac

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)	2331.00	2889.00
(ii) Unitemized	1616.67	3019.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3947.67	5908.14
(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)	3947.67	5908.14
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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)	3445.05	3445.05
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	14.48	33.16
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 Transfer (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))	7407.20	9386.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7407.20	9386.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	6584.34	7730.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6584.34	7730.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	7084.34	8480.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7084.34	8480.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	3947.67	5908.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3947.67	5908.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6584.34	7730.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	3445.05	3445.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3139.29	4285.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(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

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)
Community Bankers Association of Illinois FedPac

A.

Full Name (Last, First, Middle Initial)
Kevin Beckemeyer

Mailing Address Box 569

City Eldorado State IL Zip Code 62930

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

Name of Employer First State Bank Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 25 / 2010
Transaction ID: SA11AI.6504
Amount of Each Receipt this Period: 240.00
Contribution

B.

Full Name (Last, First, Middle Initial)
James R Dingman

Mailing Address PO Box 9

City Orion State IL Zip Code 61273

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

Name of Employer BankOrion Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 30 / 2010
Transaction ID: SA11AI.6418
Amount of Each Receipt this Period: 60.00
Travel Contribution

C.

Full Name (Last, First, Middle Initial)
James R Dingman

Mailing Address PO Box 9

City Orion State IL Zip Code 61273

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

Name of Employer BankOrion Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: SA11AI.6528
Amount of Each Receipt this Period: 80.00
Travel Contribution

SUBTOTAL of Receipts This Page (optional) ► 380.00

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 7 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Community Bankers Association of Illinois FedPac

A. Full Name (Last, First, Middle Initial)
Keith Douglas

Mailing Address Box 319

City Avon State IL Zip Code 61415

FEC ID number of contributing federal political committee. C

Name of Employer Tompkins State Bank Occupation Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 16 / 2010

Transaction ID: SA11AI.6497

Amount of Each Receipt this Period 360.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dennis Hesker

Mailing Address P.O. Box 128

City Okawville State IL Zip Code 62271

FEC ID number of contributing federal political committee. C

Name of Employer The FNB of Okawville Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.50

Date of Receipt 04 / 23 / 2010

Transaction ID: SA11AI.6411

Amount of Each Receipt this Period 110.00

Travel Contribution

C. Full Name (Last, First, Middle Initial)
Dennis Hesker

Mailing Address P.O. Box 128

City Okawville State IL Zip Code 62271

FEC ID number of contributing federal political committee. C

Name of Employer The FNB of Okawville Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.50

Date of Receipt 05 / 27 / 2010

Transaction ID: SA11AI.6475

Amount of Each Receipt this Period 110.00

Travel Contribution

SUBTOTAL of Receipts This Page (optional) 580.00

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 8 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Community Bankers Association of Illinois FedPac

A. Full Name (Last, First, Middle Initial)
Dennis Hesker
 Mailing Address P.O. Box 128
 City State Zip Code
 Okawville IL 62271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The FNB of Okawville President & CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 565.50
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 4 / 2 0 1 0
Transaction ID: SA11AI.6502
 Amount of Each Receipt this Period
 120.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Dennis Hesker
 Mailing Address P.O. Box 128
 City State Zip Code
 Okawville IL 62271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The FNB of Okawville President & CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 675.50
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 1 0
Transaction ID: SA11AI.6521
 Amount of Each Receipt this Period
 110.00
 Travel Contribution

C. Full Name (Last, First, Middle Initial)
Rick Jameson
 Mailing Address Box 9
 City State Zip Code
 Tremont IL 61568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tremont Savings Bank President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 7 / 2 0 1 0
Transaction ID: SA11AI.6474
 Amount of Each Receipt this Period
 63.00
 Travel Contribution

SUBTOTAL of Receipts This Page (optional) ► 293.00
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 / 17
	<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)
Community Bankers Association of Illinois FedPac

A.	Full Name (Last, First, Middle Initial) Gerald Johnson		Date of Receipt
	Mailing Address P.O. Box 97		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Grand Ridge	IL	61325
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6522
Name of Employer The First National Bank		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="148.00"/>
		<input type="text" value="458.80"/>	Travel Contribution

B.	Full Name (Last, First, Middle Initial) Roger Lehmann		Date of Receipt
	Mailing Address P.O. Box 40		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Harvard	IL	60033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6523
Name of Employer The Harvard State Bank		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="230.00"/>
		<input type="text" value="230.00"/>	Travel Contribution

C.	Full Name (Last, First, Middle Initial) Robin Loftus		Date of Receipt
	Mailing Address 510 E Monroe Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Springfield	IL	62701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6520
Name of Employer Security Bank		Occupation Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="280.50"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="618.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Community Bankers Association of Illinois FedPac

A. Full Name (Last, First, Middle Initial)
Martin Rowe

Mailing Address 946 Fourth Street
PO Box 569

City Eldorado State IL Zip Code 62930

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

Name of Employer Legence Bank Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 25 / 2010
Transaction ID: SA11AI.6505
 Amount of Each Receipt this Period: 240.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Preston Smith

Mailing Address 1300 U.S. Highway 40

City Greenville State IL Zip Code 62246

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

Name of Employer The First National Bank Occupation Bank President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: SA11AI.6503
 Amount of Each Receipt this Period: 120.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mary Sulser

Mailing Address P.O. Box 268

City Chester State IL Zip Code 62233

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

Name of Employer Buena Vista National Bank Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 27 / 2010
Transaction ID: SA11AI.6473
 Amount of Each Receipt this Period: 50.00
 Travel Contribution

SUBTOTAL of Receipts This Page (optional) ► 410.00

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 / 17
(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)
Community Bankers Association of Illinois FedPac

A.

Full Name (Last, First, Middle Initial) Mary Sulser		Date of Receipt	
Mailing Address P.O. Box 268		M M / D D / Y Y Y Y 06 / 25 / 2010	
City	State	Zip Code	Transaction ID: SA11AI.6507
Chester	IL	62233	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		50.00	
Name of Employer Buena Vista National Bank	Occupation President	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	2331.00

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

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

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NAME OF COMMITTEE (In Full)
Community Bankers Association of Illinois FedPac

A.	Full Name (Last, First, Middle Initial) CBAI		Date of Receipt																					
	Mailing Address 901 Community Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	1		2	0	1	0														
	City State Zip Code Springfield IL 62703		Transaction ID: SA15.6508																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3445.05																					
Name of Employer Occupation		reimbursement for overpayment of staff travel																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3445.05																						

SUBTOTAL of Receipts This Page (optional)	▶	3445.05
TOTAL This Period (last page this line number only)	▶	3445.05

**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)

PAGE 13 / 17

<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)
Community Bankers Association of Illinois FedPac

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Legislative Travel - Schroeder CC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6371</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 233.41</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Legislative Travel - Schroeder Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6376</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Blvd</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement American Airlines</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6429</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 239.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

522.81

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)

PAGE 14 / 17

<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)
Community Bankers Association of Illinois FedPac

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.6430 Date of Disbursement																			
	Mailing Address 4333 Amon Carter Blvd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	0												
	City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Washington Visitation Candidate Name	<table border="1"><tr><td>239.40</td></tr></table>	239.40																		
239.40																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.6458 Date of Disbursement																			
	Mailing Address 4333 Amon Carter Blvd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
	City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Washington Visitation Baggage Check Candidate Name	<table border="1"><tr><td>25.00</td></tr></table>	25.00																		
25.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) CBAI	Transaction ID: SB21B.6496 Date of Disbursement																			
	Mailing Address 901 Community Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	1	0												
	City Springfield State IL Zip Code 62703	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Administrative Fee Candidate Name	<table border="1"><tr><td>707.12</td></tr></table>	707.12																		
707.12																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>971.52</td></tr></table>	971.52
971.52		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
Community Bankers Association of Illinois FedPac

A.	Full Name (Last, First, Middle Initial) Delta Mailing Address 1030 Delta Blvd City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Washington Visitation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6431 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 478.80
B.	Full Name (Last, First, Middle Initial) King Cab Company Mailing Address 104 South Henry Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6495 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 162.85
C.	Full Name (Last, First, Middle Initial) Mayflower Hotel Mailing Address 1127 Connecticut Avenue NW City Washington State DC Zip Code 20036 Purpose of Disbursement Washington Visitation Travel Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6459 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 1296.20

SUBTOTAL of Disbursements This Page (optional)	1937.85
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)

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<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)
Community Bankers Association of Illinois FedPac

A.	Full Name (Last, First, Middle Initial) Mayflower Hotel	Transaction ID: SB21B.6468 Date of Disbursement 05 / 19 / 2010
	Mailing Address 1127 Connecticut Avenue NW	Amount of Each Disbursement this Period 1728.54
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Washington Visitation Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mayflower Hotel	Transaction ID: SB21B.6484 Date of Disbursement 05 / 19 / 2010
	Mailing Address 1127 Connecticut Avenue NW	Amount of Each Disbursement this Period 48.47
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Washington Visitation CC Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1777.01

TOTAL This Period (last page this line number only)

5209.19

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Community Bankers Association of Illinois FedPac

A.

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

Transaction ID: SB23.6461

Date of Disbursement

Mailing Address PO Box 10555

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	0

City Peoria State IL Zip Code 61612

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
5/17/2010 Event

011

Category/
Type

Candidate Name
SCHOCK FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 18

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00
