

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Illinois Political Active Letter Carriers

ADDRESS (number and street) P.O. Box 561

Check if different than previously reported. (ACC) Orland Park IL 60462

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00264689

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: [ ] Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only)

(a) Quarterly Reports: [ ] April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [ ] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] July 31 Mid-Year Report (Non-election Year Only) (MY) [ ] Termination Report (TER)

(c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

(d) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer Mr. Jack Heniff

Signature of Treasurer Mr. Jack Heniff [Electronically Filed] Date 09 / 18 / 2014

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

Office Use Only table with 7 columns and 1 row.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Illinois Political Active Letter Carriers**

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="84766.25"/>	<input type="text" value="84766.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="100842.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="324.00"/>	<input type="text" value="38249.05"/>
(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="101166.05"/>	<input type="text" value="123015.30"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14167.91"/>	<input type="text" value="36017.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86998.14"/>	<input type="text" value="86998.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**Illinois Political Active Letter Carriers**

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).....	0.00	14036.60
(ii) Unitemized .....	324.00	24212.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	324.00	38249.05
(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) .....	324.00	38249.05
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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))..... ▶	324.00	38249.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	324.00	38249.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	562.91	5607.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	562.91	5607.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	14000.00
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 .....	7605.00	16410.00
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)) ..	14167.91	36017.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14167.91	36017.16

**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) .....	324.00	38249.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	324.00	38249.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	562.91	5607.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	562.91	5607.16

**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

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)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. AT & T**

Mailing Address Bill Payment Center

City State Zip Code  
Saginaw WI 48663

Purpose of Disbursement  
Telephone Fax

Candidate Name  
**Illinois Political Active Letter Carriers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

**Transaction ID : SB21B.14004**

Amount of Each Disbursement this Period

24.58

Full Name (Last, First, Middle Initial)

**B. AT & T**

Mailing Address Bill Payment Center

City State Zip Code  
Saginaw WI 48663

Purpose of Disbursement  
Cell Phone

Candidate Name  
**Illinois Political Active Letter Carriers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SB21B.14038**

Amount of Each Disbursement this Period

77.04

Full Name (Last, First, Middle Initial)

**C. AT & T**

Mailing Address Bill Payment Center

City State Zip Code  
Saginaw WI 48663

Purpose of Disbursement  
Computer Access

Candidate Name  
**Illinois Political Active Letter Carriers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SB21B.14039**

Amount of Each Disbursement this Period

93.02

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

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

194.64

# 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)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

### A. Staples

Mailing Address 16189 S Harlem

City State Zip Code  
Tinley Park IL 60477

Purpose of Disbursement  
Office Equipment

Candidate Name  
**Illinois Political Active Letter Carriers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2014

Transaction ID : SB21B.14026

Amount of Each Disbursement this Period

239.55
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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
	/		/	

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  
Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

239.55
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434.19
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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 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)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. BUSTOS, CHERI**

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement Contribution

Candidate Name  
**BUSTOS, CHERI**

Office Sought:  House  Senate  President  
State: IL District: 17

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB23.14002**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. William ENYART Jr.**

Mailing Address P.O. Box 308

City Belleville State IL Zip Code 62222

Purpose of Disbursement Contribution

Candidate Name  
**WILLIAM L. JR. ENYART**

Office Sought:  House  Senate  President  
State: IL District: 12

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

**Transaction ID : SB23.14041**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER FOR CONGRESS**

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement Contribution

Candidate Name  
**SCHNEIDER FOR CONGRESS**

Office Sought:  House  Senate  President  
State: IL District: 10

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB23.14003**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

6000.00



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. Bush Melinda, friends of**

Mailing Address 240 No. Lake St.

City Grayslake State IL Zip Code 60030

Purpose of Disbursement  
Contribution

Candidate Name  
**Bush Melinda, friends of**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14014**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF ILLINOIS**

Mailing Address PO BOX 518

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
Ticket Purchase

Candidate Name  
**DEMOCRATIC PARTY OF ILLINOIS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14007**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Linda Holmes**

Mailing Address P.O. Box 6374

City Aurora State IL Zip Code 60598

Purpose of Disbursement  
Contribution

Candidate Name  
**Linda Holmes**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14013**

Amount of Each Disbursement this Period

500.00

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

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

1600.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. ILLINOIS AFL-CIO, COPE**

Mailing Address 828 S SECOND STREET SUITE 200

City State Zip Code  
SPRINGFIELD IL 62704

Purpose of Disbursement  
Ticket Purchase

Candidate Name  
**ILLINOIS AFL-CIO, COPE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.14035**

Amount of Each Disbursement this Period

**B. Jennings Mike Friends of**

Mailing Address PO Box 671

City State Zip Code  
Lake Zurich IL 60047

Purpose of Disbursement  
Contribution

Candidate Name  
**Jennings Mike Friends of**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: IL District:

Date of Disbursement

/  /

**Transaction ID : SB29.14022**

Amount of Each Disbursement this Period

**C. Kifout Stephanie Friends of**

Mailing Address POB 1414

City State Zip Code  
Aurora IL 60507

Purpose of Disbursement  
Ticket Purchase

Candidate Name  
**Kifout Stephanie Friends of**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB29.14005**

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. Linda Chapla LaVia**

Mailing Address 149 s. Forth St

City Aurora State IL Zip Code 60505

Purpose of Disbursement  
Ticket Purchase

Candidate Name  
**Linda Chapla LaVia**

Office Sought:  House  
 Senate  
 President  
State: District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14009**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Pat McGuire**

Mailing Address P.O. Box 2185

City Joliet State IL Zip Code 60434

Purpose of Disbursement  
Contribution

Candidate Name  
**Pat McGuire**

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14006**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Moeller,Anna Friends of**

Mailing Address 1100 N. Spring St.

City Elgin State IL Zip Code 60120

Purpose of Disbursement  
Contribution

Candidate Name  
**Moeller,Anna Friends of**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14019**

Amount of Each Disbursement this Period

250.00

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

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

1000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. Nekritz Elaine Citizens for**

Mailing Address P.O. Box 2563

City State Zip Code  
Glenview IL 60025

Purpose of Disbursement  
Contribution

Candidate Name

**Nekritz Elaine Citizens for**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14025**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brandon Phelps**

Mailing Address P.O. Box 401

City State Zip Code  
Harrisburg IL 62946

Purpose of Disbursement  
Contribution

Candidate Name

**Phelps, Brandon 15th Dist. State Central Committeeman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14015**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Pickert Bob Friends of**

Mailing Address 448 Larch Ave.

City State Zip Code  
Elmhurst IL 60165

Purpose of Disbursement  
Ticket Purchase

Candidate Name

**Pickert Bob Friends of**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14010**

Amount of Each Disbursement this Period

225.00

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

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

1225.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Political Active Letter Carriers**

Full Name (Last, First, Middle Initial)

**A. Sheila Simon**

Mailing Address P.O. box 814

City Carbondale State IL Zip Code 62903

Purpose of Disbursement  
Contribution

Candidate Name

**Sheila Simon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB29.14008**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Will County Democrats**

Mailing Address POB 4242

City Joliet State IL Zip Code 60434

Purpose of Disbursement  
Ticket Purchase

Candidate Name

**Will County Democrats**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

**Transaction ID : SB29.14037**

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

780.00

7605.00