REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

OCT 27 4 42 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): DEMOCRATIC PARTY OF ILLINOIS

ADDRESS (number and street) ☐ Check if different than previously reported
489 MERCHANDISE MART

CITY, STATE and ZIP CODE
CHICAGO IL 60654

2. FEC IDENTIFICATION NUMBER

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☒ 12-Day Pre-Election Report for the PRIMARY (Type of Election) election on 3-12-94 in the State of IL

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-1-94 through 2-23-94		
6. (a) Cash on Hand January 1, 19 94		$ 14695.63
(b) Cash on Hand at Beginning of Reporting Period	$ 14695.63	
(c) Total Receipts (from Line 19)	$ 104369.83	$ 104369.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 119065.46	$ 119065.46
7. Total Disbursements (from Line 30)	$ 91207.32	$ 91207.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 27858.14	$ 27858.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 8949.02	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: John A. Giannulis

Signature of Treasurer: John A. Giannulis

Date: 10-23-97

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

FEC FORM 3X
(revised 3/93)

JFETAN047

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

[revised 1/1/91]

NAME OF COMMITTEE: DEMOCRATIC PARTY OF ILLINOIS

REPORT COVERING PERIOD FROM 1-1-94 TO: 2-23-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9250.00	9250.00	11(a)(i)
ii. Unitemized	55498.00	55498.00	11(a)(ii)
iii. Total (add i and ii) ➤	64748.00	64748.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	64748.00	64748.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	24.76	24.76	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity	39597.07	39597.07	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	104369.83	104369.83	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	64772.76	64772.76	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	9245.02	9245.02	21(a)(i)
ii. Non-Federal Share	38046.18	38046.18	21(a)(ii)
b. Other Federal Operating Expenditures	43499.40	43499.40	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	90790.60	90790.60	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	416.72	416.72	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	91207.32	91207.32	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	53161.14	53161.14	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	64748.00	64748.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	64748.00	64748.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	52744.42	52744.42	35
36. Offsets to Operating Expenditures (from line 15)	24.76	24.76	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	52719.66	52719.66	37

FE7A/4047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21B

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) DEMOCRATIC PARTY OF ILLINOIS C00167015

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GORDON + SCHWENKMEYER 550 N. CONTINENTAL BLVD EL SEGUNDO CA 90245	TELEMARKETING Disbursement for: Primary General Other (specify)	1.12.94	25000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	1.13.94	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	1.19.94	2950.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	1.25.94	2900.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	1.26.94	2800.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	2.1.94	6600.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	2.1.94	3700.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	2.8.94	10 000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	2.23.94	14 000.00

SUBTOTAL of Disbursements This Page (optional) 43450.00

TOTAL This Period (last page this line number only)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 21 OF 2

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
DEMOCRATIC PARTY OF ILLINOIS C00167015

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GORDON + SCHWENKMEYER 550 N. CONTINENTAL BLVD. EL SEGUNDO CA 90245	BANK CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1-15-94	49.40
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	49.40
TOTAL This Period (last page this line number only)	43499.40

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 22-

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS - C00167015

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Christian County Democratic Central Committee 3606 J.F.Kennedy Road Taylorville IL 62568	51B Transfer Non-Fed; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<25.00>
B. Franklin County Democratic Organization 112 East Market Christopher IL 62822	51B Transfer Non-Fed; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<50.00>
C. Hamilton County Democratic Central Committee R.R. 1 Dahlgren IL 62859	51B Transfer Non-Fed; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<100.00>
D. Hardin County Democrat Central Committee Rt. 1 Box 315 Cave In Rock IL 62919	51B Transfer Non-Fed; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<50.00>
E. Jackson County Democratic Central Committee P.O.Box 1149 Murphysboro IL 62966	Transfer - 51B N/F; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<300.00>
F. Jefferson County Democratic Central Committee 232 Wild Rose Drive Mt. Vernon IL 62864	51B Transfer N-F; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<100.00>
G. Massac County Democratic Central Committee R.R. 1, Box 184 Belknap IL 62908	51B Transfer N-F; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<50.00>
H. Menard County Democratic Central Committee R.R. 2 Box 45Z Petersburg IL 62675	51B Transfer Non-Fed; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<25.00>
I. DuPage County Democrats c/o Rafael Monsivais 6096 S. Williams St. Downers Grove IL 60515	51B Transfer Non-Fed; Disbursement for: [X] Primary [ ] General [ ] Other (specify)	02.21.94	<200.00>

SUBTOTAL of Disbursements This Page (optional) <900.00>

TOTAL This Period (last page this line number only)

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS - C00167015

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Montgomery County Democratic Central Committee 802 E. Union, P.O. Box 442 Litchfield IL 62056	51B Transfer Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<100.00>
B. Morgan County Democratic Central Committee 958 N. Prairie Jacksonville IL 62650	51B Transfer Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<25.00>
C. Randolph County Democratic Central Committee P.O. Box 62 Evansville IL 62242	51B Transfer Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<150.00>
D. Saline County Democratic Central Committee R.R. Harrisburg IL 62946	51B Transfer Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<100.00>
E. Sangamon County Democratic Committee 400 East Jefferson Street Springfield IL 62704	51B Transfer' Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<50.00>
F. White County Democratic Central Committee 315 Fourth Street Carmi IL 62821	51B Transfer Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<50.00>
G. Williamson County Democratic Organization 209 South Park Herrin IL 62948	51B Transfer Non-Fed Disbursement for: Primary General Other (specify)	02.21.94	<50.00>
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... <525.00>

TOTAL This Period (last page this line number only) ..... -0-

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full): DEMOCRATIC PARTY OF ILLINOIS C00167015

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. DEMOCRATIC PARTY OF IL - N/F 489 MERCHANDISE MART CHICAGO IL 60654	TRANSFER	1.3.94	401.72
B. BANK ONE SPRINGFIELD IL	BANK CHARGES	2.22.94	15.00
C.			
D.			
E.			
F.			
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) 416.72

FETAN047

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
DEMOCRATIC PARTY OF ILLINOIS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GORDON + SCHWENKMEYER 550 N. CONTINENTAL BLVD. EL SEGUNDO CA 90245	<1365.52>	35 866.50	43,450.00	<8947.02>
Nature of Debt (Purpose): TELEMARKETING				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor — JANUARY + FEBRUARY ACTIVITY FOR ON-GOING ACTIVITY —				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

FE7AN047

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE: DEMOCRATIC PARTY OF ILLINOIS C00167015

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
U.S. POSTMASTER 2105 EAST COOK SPRINGFIELD IL 62703	POSTAGE	1.4.94	200.00	25.00	175.00
CATEGORY: X ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 44,588.04 ☐ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
MATTESON, SUSAN 313 1/2 E. SCARRITT SPRINGFIELD IL 62703	SALARY (VOIDED)	2.9.94	<361.15>	<61.40>	<299.75>
CATEGORY: X ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 44,226.89 ☐ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			<161.15>	<36.40>	<124.75>
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)			47291.20	9245.02	38046.18
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

FE7AN047

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was recived.

☑	Hand Delivered	Date of Receipt 10-27-97
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	10-28-97 DATE PREPARED

(7/97)