

Image# 13964495171

PAGE 1 / 11

**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)

4. TYPE OF REPORT

(Choose One)

(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)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
07 31 2013

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

M M M / D D D / Y Y Y Y Y Y
08 03 2013

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Illinois Political Active Letter Carriers

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
07		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2013</td></tr></table>	Y	Y	Y	Y	Y	2013						<table><tr><td colspan="5">71704.08</td></tr></table>	71704.08				
Y	Y	Y	Y	Y													
2013																	
71704.08																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">91680.27</td></tr></table>	91680.27															
91680.27																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">1695.80</td></tr></table>	1695.80					<table><tr><td colspan="5">40860.70</td></tr></table>	40860.70									
1695.80																	
40860.70																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">93376.07</td></tr></table>	93376.07					<table><tr><td colspan="5">112564.78</td></tr></table>	112564.78									
93376.07																	
112564.78																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">4971.06</td></tr></table>	4971.06					<table><tr><td colspan="5">24159.77</td></tr></table>	24159.77									
4971.06																	
24159.77																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">88405.01</td></tr></table>	88405.01					<table><tr><td colspan="5">88405.01</td></tr></table>	88405.01									
88405.01																	
88405.01																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Illinois Political Active Letter Carriers

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

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).....

175.00

11701.00

(ii) Unitemized

1520.80

29159.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1695.80

40860.70

(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) ▶

1695.80

40860.70

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))..... ▶

1695.80

40860.70

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

1695.80

40860.70

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	1871.06	4635.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1871.06	4635.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	10750.00
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	600.00	8774.51
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)) ..	4971.06	24159.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4971.06	24159.77

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)	1695.80	40860.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1695.80	40860.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1871.06	4635.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1871.06	4635.26

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 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name (Last, First, Middle Initial)

A. Ken Christy

Mailing Address 1110 Laurel Dr

City State Zip Code
Aurora IL 60506

FEC ID number of contributing
federal political committee.

C

Name of Employer

USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2013

Transaction ID : SA11AI.13323

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

B. David Colegrove

Mailing Address 106 E Jefferson St
61

City State Zip Code
Shorewood IL 60431

FEC ID number of contributing
federal political committee.

C

Name of Employer

USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : SA11AI.13305

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Colegrove

Mailing Address 106 E Jefferson St
61

City State Zip Code
Shorewood IL 60431

FEC ID number of contributing
federal political committee.

C

Name of Employer

USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : SA11AI.13313

Amount of Each Receipt this Period

50.00

Contribution

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 7 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name (Last, First, Middle Initial)

A. David Colegrove

Mailing Address 106 E Jefferson St
61

City State Zip Code
Shorewood IL 60431

FEC ID number of contributing
federal political committee.

C

Name of Employer

USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2013

Transaction ID : SA11AI.13322

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

50.00

175.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

<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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

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:

Category/
Type**Transaction ID : SB21B.13289**

Amount of Each Disbursement this Period

23.83

Full Name (Last, First, Middle Initial)

B. AT & T

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2013

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:

Category/
Type**Transaction ID : SB21B.13303**

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. Joan's Trophy & Plaque Co.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2013

Mailing Address POB 5939

City	State	Zip Code
Peoria	IL	61601

Purpose of Disbursement
Promotional Items

Candidate Name

Illinois Political Active Letter Carriers

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type**Transaction ID : SB21B.13293**

Amount of Each Disbursement this Period

1643.79

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1742.62

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<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. Staples

Mailing Address 16189 S Harlem

City	State	Zip Code
Tinley Park	IL	60477

Purpose of Disbursement
Office Expense

001

Candidate Name

Illinois Political Active Letter CarriersCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> 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 Y
07		27		2013

Transaction ID : SB21B.13294

Amount of Each Disbursement this Period

68.25

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

68.25

1810.87

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Illinois Political Active Letter Carriers

A. PERIMETER PAC

PERIMETER PAC

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

B. SCHNEIDER FOR CONGRESS

07 / 24 / 2013

SCHNEIDER FOR CONGRESS

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1500.00

C.

Candidate Name

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

A diagram of a rectangular channel with a flat bottom and a flat water surface. The water surface is represented by a horizontal line with small vertical tick marks. The bottom is also a horizontal line with small vertical tick marks. The channel is bounded by vertical lines on the left and right sides.

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<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

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. 12th District COPE

Mailing Address 59 Magnolia Dr.

City	State	Zip Code
Belleville	IL	62221

Purpose of Disbursement
Ticket Sponsor

Candidate Name

12th District COPE

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2013

Transaction ID : SB29.13284

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B. John Bradley

Mailing Address P.O. Drawer 488

City	State	Zip Code
Marion	IL	62959

Purpose of Disbursement
Ticket Sponsor

Candidate Name

Bradley John Friends of

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2013

Transaction ID : SB29.13286

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

600.00

600.00
