

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.
ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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) 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 / / through / /

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 JUDY A. DIEKELMAN

Signature of Treasurer JUDY A. DIEKELMAN [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

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="2015"/>	<input type="text" value="46685.13"/>	<input type="text" value="46685.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="111059.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="105195.16"/>	<input type="text" value="910018.38"/>
(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="216254.36"/>	<input type="text" value="956703.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="96436.26"/>	<input type="text" value="836885.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119818.10"/>	<input type="text" value="119818.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="45655.00"/>	

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)

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

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).....	48115.00	466766.00
(ii) Unitemized	19026.11	96520.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67141.11	563286.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	78500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	67141.11	641786.89
12. Transfers From Affiliated/Other Party Committees.....	2500.00	36521.36
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).....	2757.48	22110.01
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).....	32796.57	209600.12
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	32796.57	209600.12
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	105195.16	910018.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	72398.59	700418.26

DETAILED SUMMARY PAGE
of Disbursements

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	14589.46	168137.54
(ii) Non-Federal Share.....	25936.75	199626.20
(b) Other Federal Operating Expenditures	31374.08	244006.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	71900.29	611770.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	22.15
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	2500.00
(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	2500.00
29. Other Disbursements	0.00	0.00
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	24535.97	222593.12
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	24535.97	222593.12
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96436.26	836885.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70499.51	637259.21

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)	67141.11	641786.89
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67141.11	639286.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	45963.54	412143.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2757.48	22110.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43206.06	390033.93

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

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

FOR LINE NUMBER: PAGE 6 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. LARRY D ALLEN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.14372
Mailing Address 6437 GREENE RD		Amount of Each Receipt this Period 250.00
City WOODRIDGE	State IL	Zip Code 60517
FEC ID number of contributing federal political committee. C		
Name of Employer GOVERNMENTAL RISK SOLUTIONS	Occupation MANAGING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MR. BRETT AUGUST		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2015 Transaction ID : SA11AI.14799
Mailing Address 399 FULLERTON PKWY		Amount of Each Receipt this Period 35.00
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		
Name of Employer PATTISHALL MCAULIFFE	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) C. PATRICK BACHRODT		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.14710
Mailing Address 7070 CHERRYVALE NORTH BOULEVARD		Amount of Each Receipt this Period 500.00
City ROCKFORD	State IL	Zip Code 61112-1002
FEC ID number of contributing federal political committee. C		
Name of Employer LOU BACHRODT CHEVROLET	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	785.00
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 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. KEVIN BAER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5405 138TH PLACE
 City State Zip Code
 CRESTWOOD IL 60445-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CC INDUSTRIES ACCOUNTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2015
Transaction ID : SA11AI.14719
 Amount of Each Receipt this Period
 100.00

B. WARREN L BATTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 E LAKE SHORE DRIVE
 APT. 11CD
 City State Zip Code
 CHICAGO IL 60611-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.14923
 Amount of Each Receipt this Period
 1000.00

C. VICTOR BOTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10563 S LONGWOOD DRIVE
 City State Zip Code
 CHICAGO IL 60643-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11AI.14835
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. KELLY A BRINCAT

Mailing Address 680 LAKE ROAD

City LAKE FOREST State IL Zip Code 60045-2303

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.14491

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
B. STEPHEN BRUNER

Mailing Address 1035 BERKSHIRE STREET

City OAK PARK State IL Zip Code 60302-1369

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

Name of Employer WINSTON & STRAWN Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11AI.14676

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. BRUCE CLARK

Mailing Address 1134 PHEASANT RIDGE

City BOURBONNAIS State IL Zip Code 60914-2388

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

Name of Employer KANKAKEE COUNTY ILLINOIS Occupation COUNTY CLERK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.14988

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	10300.00
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 9 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. STANLEY COIN		Date of Receipt
Mailing Address 2229 31ST AVENUE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.14846
ROCK ISLAND	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROBERT ENDSLEY		Date of Receipt
Mailing Address 1823 S NEIL ST STE 101		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.14976
CHAMPAIGN	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	
MERRILL LYNCH	FINANCIAL ADVISOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN FERGUSON		Date of Receipt
Mailing Address 551 GREENWAY DR		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.14958
LAKE FOREST	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10000.00"/>
Name of Employer	Occupation	
MORGAN STANLEY	INVESTMENT ADVISOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="10350.00"/>
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 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. MARSHALL FIELD

Mailing Address 225 W WACKER DRIVE
SUITE 1500

City CHICAGO State IL Zip Code 60606-1235

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

Name of Employer JAMEE & MARSHALL FIELD FOUNDATION Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : SA11AI.14960

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. STEPHANIE FRANEY

Mailing Address 3261 CR 1600 EAST

City RANTOUL State IL Zip Code 61866

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

Name of Employer TOM FRANEY TRUCKING, INC. Occupation CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.14972

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. TOM FRANEY

Mailing Address 3261 CR 1600 EAST

City RANTOUL State IL Zip Code 61866

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

Name of Employer TOM FRANEY TRUCKING, INC. Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SA11AI.14970

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 11 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. CYRUS F FREIDHEIM JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11105 OLD HARBOUR RD
 City NORTH PALM BEACH State FL Zip Code 33408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2015
Transaction ID : SA11AI.14493
 Amount of Each Receipt this Period 1000.00

B. CHRISTOPHER GALVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 SOUTH WACKER DRIVE SUITE 3575
 City CHICAGO State IL Zip Code 60606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARISON STREET CAPITOL Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 13 / 2015
Transaction ID : SA11AI.14734
 Amount of Each Receipt this Period 150.00

C. CHRISTOPHER D HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 HUNT CLUB DRIVE
 City ST CHARLES State IL Zip Code 60174-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REMAX EXCELS Occupation REAL ESTATE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 09 / 2015
Transaction ID : SA11AI.14549
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ► 1250.00
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 12 OF 47
	<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)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. A DALE HUSTON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2015 Transaction ID : SA11AI.14460
Mailing Address 1525 S WIGGINS AVENUE		Amount of Each Receipt this Period 100.00
City SPRINGFIELD	State IL	Zip Code 62704-3369
FEC ID number of contributing federal political committee. C		
Name of Employer NATIONAL CITY BANK	Occupation BANKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DAVID HUTCHISON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2015 Transaction ID : SA11AI.14656
Mailing Address 154 BRIARWOOD N		Amount of Each Receipt this Period 500.00
City OAK BROOK	State IL	Zip Code 60523-8718
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MICHAEL L. KEISER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2015 Transaction ID : SA11AI.14956
Mailing Address 2450 N LAKEVIEW AVENUE		Amount of Each Receipt this Period 3205.00
City CHICAGO	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		
Name of Employer BDGR INC	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3205.00	

SUBTOTAL of Receipts This Page (optional).....▶	3805.00
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 13 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. JOANN KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 88
 City ANNA State IL Zip Code 62906-0088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MULBERRY MANOR INC. Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.14849
 Amount of Each Receipt this Period
100.00

B. MICHAEL J KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5833 N KOLMAR AVENUE
 City CHICAGO State IL Zip Code 60646-5805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.15022
 Amount of Each Receipt this Period
300.00

C. A. TERRY KNUEPPEL
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 508
 City PEORIA State IL Zip Code 61651-0508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11AI.14329
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	650.00
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 14 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. KATHLEEN LYDON
Full Name (Last, First, Middle Initial)

Mailing Address 421 FIRST ST
5E

City WASHINGTON State DC Zip Code 20001

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

Name of Employer STATE OF ILLINOIS Occupation DIRECTOR, FEDERAL AFFAIRS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : SA11AI.14347

Amount of Each Receipt this Period
500.00

B. JAMES M LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 1129 PARK AVE

City RIVER FOREST State IL Zip Code 60305

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

Name of Employer JM LYNCH TRAINING & CONSULTING Occupation PROFESSIONAL TRAINING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.14884

Amount of Each Receipt this Period
500.00

C. DAVID MACKENZIE
Full Name (Last, First, Middle Initial)

Mailing Address 271-0 MARKET SQUARE

City LAKE FOREST State IL Zip Code 60045-1450

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.14893

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 15 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. FREDERIC C MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1058 PLANTAIN COURT
 City State Zip Code
 CRYSTAL LAKE IL 60014-6974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.14985
 Amount of Each Receipt this Period
 150.00

B. PETER ORUM
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 748
 City State Zip Code
 ST CHARLES IL 60174-0748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MIDWEST GROUNDCOVERS LLC NURSERY FARMER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015
Transaction ID : SA11AI.14314
 Amount of Each Receipt this Period
 1000.00

C. FAY PLEDGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 S EVERGREEN AVENUE
 APT. 6ES
 City State Zip Code
 ARLINGTON HEIGHTS IL 60005-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTHRUP GRUMMAN, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015
Transaction ID : SA11AI.14494
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1175.00
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 16 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. HOLLIS RADEMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1719 LOWELL LANE
 City LAKE FOREST State IL Zip Code 60045-3784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11AI.14757
 Amount of Each Receipt this Period
 250.00

B. JERRY RAMSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 OLD FARM RD
 City CHAMPAIGN State IL Zip Code 61821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : SA11AI.14968
 Amount of Each Receipt this Period
 500.00

C. EDWARD ROOB
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 WOODBINE LANE
 City NORTHBROOK State IL Zip Code 60062-3439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2015
Transaction ID : SA11AI.14926
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 17 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. WALTER SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 MEADOWVIEW DRIVE
 City NORTHFIELD State IL Zip Code 60093-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015
Transaction ID : SA11AI.14930
 Amount of Each Receipt this Period
 1000.00

B. WILLIAM SICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 SHERIDAN ROAD
 City WINNETKA State IL Zip Code 60093-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BUSINESS RESOURCES INTL Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : SA11AI.14592
 Amount of Each Receipt this Period
 2500.00

C. ROBERT F STINAUER
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 W MAIN STREET
 City HAVANA State IL Zip Code 62644-1140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STINAUER FAMILY DENTISTRY Occupation DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : SA11AI.14814
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00
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 18 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. EDWARD SWAN
Full Name (Last, First, Middle Initial)

Mailing Address 726 GREENWOOD AVENUE

City WILMETTE State IL Zip Code 60091-1748

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2015

Transaction ID : SA11AI.14790

Amount of Each Receipt this Period
 250.00

B. RICHARD E UHLEIN
Full Name (Last, First, Middle Initial)

Mailing Address 1396 N WAUKEGAN ROAD

City LAKE FOREST State IL Zip Code 60045-1147

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

Name of Employer U-LINE Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2015

Transaction ID : SA11AI.14576

Amount of Each Receipt this Period
 10000.00

C. GRANT VAN VOORST
Full Name (Last, First, Middle Initial)

Mailing Address 1 CENTER ST

City UNION HILL State IL Zip Code 60969

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

Name of Employer VANFAB, INC. Occupation PILOT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.14974

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
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 19 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. ROBERT WILSON

Mailing Address **PO BOX 9275**

City **PEORIA** State **IL** Zip Code **61612**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
10 / 12 / 2015
Transaction ID : SA11AI.14647

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. WILLIAM YAKEY

Mailing Address **PO BOX 308**

City **STEWARDSON** State **IL** Zip Code **62463-0308**

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

Name of Employer **SELF-EMPLOYED** Occupation **FARMER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt
10 / 15 / 2015
Transaction ID : SA11AI.14308

Amount of Each Receipt this Period
100.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	48115.00

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

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

FOR LINE NUMBER: PAGE 20 OF 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST STREET SE

City State Zip Code
WASHINGTON DC 20003-1885

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2015
Transaction ID : SA12.14333

Amount of Each Receipt this Period
2500.00

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).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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 21 OF 47
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 14	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MAILFINANCE, NEOPOST USA
Full Name (Last, First, Middle Initial)
Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City CARROLLTON	State TX	Zip Code 75006
--------------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2757.48

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2015

Transaction ID : SA15.15026

Amount of Each Receipt this Period
2757.48

VENDOR REFUND: OVERPAYMENT

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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2757.48
TOTAL This Period (last page this line number only).....▶	2757.48

**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 REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADOBE SYSTEMS, INC.

Mailing Address 75 REMITTANCE DR
STE 1025

City CHICAGO State IL Zip Code 60675

Purpose of Disbursement
JACIW REIMBURSEMENT: PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SB21B.14269

Amount of Each Disbursement this Period

42.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BKZ CONSULTING, INC.

Mailing Address 1931 W PATTERSON

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SB21B.14205

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 S. SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement
JACIW REIMBURSEMENT: PRINTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SB21B.14271

Amount of Each Disbursement this Period

303.17

[MEMO ITEM]

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

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

5000.00

**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 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 REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KRISTEN JACIW

Mailing Address 1305 MAPLE AVE
#3w

City EVANSTON State IL Zip Code 60201

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B.14267

Amount of Each Disbursement this Period

1014.32

Full Name (Last, First, Middle Initial)

B. MAILFINANCE, NEOPOST USA

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City CARROLLTON State TX Zip Code 75006

Purpose of Disbursement
DEBT PAYMENT: POSTAGE SYSTEM

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2015

Transaction ID : SB21B.15025

Amount of Each Disbursement this Period

5388.24

Full Name (Last, First, Middle Initial)

C. MB FINANCIAL

Mailing Address 800 WEST MADISON STREET

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2015

Transaction ID : SB21B.14281

Amount of Each Disbursement this Period

374.79

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

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

6777.35

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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 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 REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ON THE MARK

Mailing Address 1301 GERVAIS ST
STE 520

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 13 / 2015

Transaction ID : **SB21B.14223**

Amount of Each Disbursement this Period: 3129.11

Category/Type

Full Name (Last, First, Middle Initial)

B. ON THE MARK

Mailing Address 1301 GERVAIS ST
STE 520

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 20 / 2015

Transaction ID : **SB21B.14242**

Amount of Each Disbursement this Period: 10765.43

Category/Type

Full Name (Last, First, Middle Initial)

C. PKL CONSULTING INC

Mailing Address PO BOX 8535

City NORTHFIELD State IL Zip Code 60093

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **SB21B.14211**

Amount of Each Disbursement this Period: 5000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18894.54

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 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 REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 111 N. WABASH AVENUE

City State Zip Code
CHICAGO IL 60602

Purpose of Disbursement
JACIW REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2015

Transaction ID : SB21B.14272

Amount of Each Disbursement this Period

668.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TRANSAXT

Mailing Address 190 MONROE AVE NW

City State Zip Code
GRAND RAPIDS MI 49503

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2015

Transaction ID : SB21B.14259

Amount of Each Disbursement this Period

508.71

Full Name (Last, First, Middle Initial)

C. TRANSAXT

Mailing Address 190 MONROE AVE NW

City State Zip Code
GRAND RAPIDS MI 49503

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2015

Transaction ID : SB21B.14293

Amount of Each Disbursement this Period

79.48

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

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

588.19

31260.08

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

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADVANTAGE PAYROLL SERVICES

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement PAYROLL TAXES & FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB30B.14249**

Amount of Each Disbursement this Period: 4566.45

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement PAYROLL TAXES & FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 29 / 2015

Transaction ID : **SB30B.14291**

Amount of Each Disbursement this Period: 4196.21

Full Name (Last, First, Middle Initial)

C. NICHOLAS KLITZING

Mailing Address 2 W OLD STATE CAPITOL PLAZA

City SPRINGFIELD State IL Zip Code 62701

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 15 / 2015

Transaction ID : **SB30B.14244**

Amount of Each Disbursement this Period: 2629.25

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11391.91

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

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. NICHOLAS KLITZING

Full Name (Last, First, Middle Initial)

Mailing Address 2 W OLD STATE CAPITOL PLAZA

City SPRINGFIELD State IL Zip Code 62701

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2015

Transaction ID : SB30B.14287

Amount of Each Disbursement this Period: 2629.24

Category/Type

B. NICHOLAS A SARROS

Full Name (Last, First, Middle Initial)

Mailing Address 55 W MONROE

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2015

Transaction ID : SB30B.14246

Amount of Each Disbursement this Period: 1516.25

Category/Type

C. NICHOLAS A SARROS

Full Name (Last, First, Middle Initial)

Mailing Address 55 W MONROE

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2015

Transaction ID : SB30B.14288

Amount of Each Disbursement this Period: 1516.25

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5661.74

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

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DAILE SCHUBERTH

Mailing Address 55 W MONROE

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SB30B.14245

Amount of Each Disbursement this Period

1904.30

Full Name (Last, First, Middle Initial)

B. DAILE SCHUBERTH

Mailing Address 55 W MONROE

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB30B.14289

Amount of Each Disbursement this Period

1045.59

Full Name (Last, First, Middle Initial)

C. ANDREW WEISSERT

Mailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 15 / 2015

Transaction ID : SB30B.14248

Amount of Each Disbursement this Period

2266.22

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

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

5216.11

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

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NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW WEISSERT

Mailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2015

Transaction ID : SB30B.14290

Amount of Each Disbursement this Period

2266.21

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / 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

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / 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)..... ▶

2266.21

24535.97

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 47
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS CONNECT, LLC	Nature of Debt (Purpose): TELEMARKETING
Mailing Address 7300 HUDSON BLVD., N	
City State Zip Code SAINT PAUL MN 55128	

Outstanding Balance Beginning This Period 45655.00	Transaction ID : SD10.4210	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45655.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAILFINANCE, NEOPOST USA	Nature of Debt (Purpose): POSTAGE SYSTEM
Mailing Address 1335 VALWOOD PARKWAY, STE. 111	
City State Zip Code CARROLLTON TX 75006	

Outstanding Balance Beginning This Period 5388.24	Transaction ID : SD10.4223	
Amount Incurred This Period 0.00	Payment This Period 5388.24	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	45655.00
2) TOTALS This Period (last page this line number only)..... ▶	45655.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	45655.00

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT ILLINOIS REPUBLICAN PARTY	DATE OF RECEIPT MM / DD / YYYY 10 / 01 / 2015	TOTAL AMOUNT TRANSFERRED 17913.78
--	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	17913.78
Transaction ID : H3.15027	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: H3

Transaction ID : H3.15027

M8 ALLOCABLE TRANSFER

Form/Schedule:

Transaction ID:

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT ILLINOIS REPUBLICAN PARTY	DATE OF RECEIPT MM / DD / YYYY 10 / 21 / 2015	TOTAL AMOUNT TRANSFERRED 14882.79
--	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	14824.46
Transaction ID : H3.15028	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) MARCH GOV TRUST MAILING (03/16/2015)	58.33
Transaction ID : H3.15028.0	
b) _____	
c) Total Amount Transferred For Direct Fundraising	58.33
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	32738.24
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	58.33
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	32796.57

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: H3

Transaction ID : H3.15028

M9 ALLOCABLE TRANSFER

Form/Schedule:

Transaction ID:

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) POOR PHIL'S SHELL BAR		Transaction ID : H4.14225	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 139 S MARION ST			Allocated Activity or Event Year-To-Date 213152.41		
City OAK PARK	State IL	Zip Code 60302	Date 10 / 07 / 2015		
Purpose of Disbursement: MEETING EXPENSE: MEALS		Category/ Type	Date 10 / 07 / 2015		
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
108.36			192.64		301.00

B. Full Name (Last, First, Middle Initial) RING CENTRAL		Transaction ID : H4.14227	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 999 BAKER WAY			Allocated Activity or Event Year-To-Date 213190.48		
City SAN MATEO	State CA	Zip Code 94404	Date 10 / 07 / 2015		
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date 10 / 07 / 2015		
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.71			24.36		38.07

C. Full Name (Last, First, Middle Initial) CAGNONI DEVELOPMENT LLC		Transaction ID : H4.14206	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 900 CHRISTOPHER LN			Allocated Activity or Event Year-To-Date 215390.48		
City SPRINGFIELD	State IL	Zip Code 62712	Date 10 / 09 / 2015		
Purpose of Disbursement: RENT		Category/ Type	Date 10 / 09 / 2015		
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
792.00			1408.00		2200.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
914.07		1625.00		2539.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Form A: COGENT COMMUNICATIONS, Transaction ID: H4.14207. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (BROADBAND SERVICES), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/09/2015), and Year-To-Date amount (215733.34). Summary: FEDERAL SHARE 123.43, NONFEDERAL SHARE 219.43, TOTAL AMOUNT 342.86.

Form B: COMED, Transaction ID: H4.14208. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (UTILITIES), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/09/2015), and Year-To-Date amount (215844.33). Summary: FEDERAL SHARE 39.96, NONFEDERAL SHARE 71.03, TOTAL AMOUNT 110.99.

Form C: HOME CITY ICE, Transaction ID: H4.14209. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (EVENT EXPENSE: ICE: STATE FAIR: NO FEDERAL CANDIDATE), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/09/2015), and Year-To-Date amount (216479.33). Summary: FEDERAL SHARE 228.60, NONFEDERAL SHARE 406.40, TOTAL AMOUNT 635.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 391.99, NONFEDERAL SHARE 696.86, TOTAL AMOUNT 1088.85.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Form A: JOHN HANCOCK LIFE INSURANCE COMPANY. Transaction ID: H4.14210. Allocated Activity or Event: Administrative. Date: 10/09/2015. Total Amount: 8285.64.

Form B: RED CURVE SOLUTIONS. Transaction ID: H4.14212. Allocated Activity or Event: Administrative. Date: 10/09/2015. Total Amount: 2564.38.

Form C: UNCLE JOE'S RESTAURANT. Transaction ID: H4.14213. Allocated Activity or Event: Administrative. Date: 10/09/2015. Total Amount: 3202.50.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 5058.91, 8993.61, 14052.52.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.14228
FLASH TAXI
Mailing Address 5200 N OTTO AVE
City CHICAGO State IL Zip Code 60622
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [] Fundraising [] Exempt
[] Voter Drive [] Direct Candidate Support
[] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 230549.95
Date 10 / 09 / 2015
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
6.52 + 11.58 = 18.10

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.14217
ALPHAGRAPHICS
Mailing Address 1017 W WASHINGTON BOULEVARD
City CHICAGO State IL Zip Code 60607
Purpose of Disbursement: PRINTING & DESIGN SERVICES: BUSINESS CARDS
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [] Fundraising [] Exempt
[] Voter Drive [] Direct Candidate Support
[] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 230767.13
Date 10 / 13 / 2015
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
78.18 + 139.00 = 217.18

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.14231
IT'S ALL GOOD COFFEE & ESPRESSO
Mailing Address 2780 SHERIDAN RD
City ZION State IL Zip Code 60099
Purpose of Disbursement: TRAVEL: MEALS
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [] Fundraising [] Exempt
[] Voter Drive [] Direct Candidate Support
[] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 230777.46
Date 10 / 13 / 2015
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
3.72 + 6.61 = 10.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 88.42, 157.19, 245.61

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CAFE MOXO		Transaction ID : H4.14255	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 411 E ADAMS ST			Allocated Activity or Event Year-To-Date 241095.63	
City SPRINGFIELD	State IL	Zip Code 62701	Date 10 / 19 / 2015	
Purpose of Disbursement: MEETING EXPENSE: MEALS		Category/ Type	Date 10 / 19 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
11.72			20.83	32.55

B. Full Name (Last, First, Middle Initial) ADOBE		Transaction ID : H4.14279	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 345 PARK AVE			Allocated Activity or Event Year-To-Date 241106.24	
City SAN JOSE	State CA	Zip Code 95110	Date 10 / 21 / 2015	
Purpose of Disbursement: SOFTWARE		Category/ Type	Date 10 / 21 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
3.82			6.79	10.61

C. Full Name (Last, First, Middle Initial) WEST BEND MUTUAL INSURANCE		Transaction ID : H4.14282	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430			Allocated Activity or Event Year-To-Date 241588.07	
City ELMHURST	State IL	Zip Code 60126	Date 10 / 22 / 2015	
Purpose of Disbursement: INSURANCE: GENERAL LIABILITY		Category/ Type	Date 10 / 22 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
173.46			308.37	481.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
189.00		335.99		524.99

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Form A: Full Name (Last, First, Middle Initial) ANDREW WEISSERT, Transaction ID : H4.14263, Allocated Activity or Event: Administrative, Date: 10/26/2015, FEDERAL SHARE: 26.45, NONFEDERAL SHARE: 47.03, TOTAL AMOUNT: 73.48

Form B: Full Name (Last, First, Middle Initial) WALGREENS, Transaction ID : H4.14264, Allocated Activity or Event: Administrative, Date: 10/26/2015, FEDERAL SHARE: 2.42, NONFEDERAL SHARE: 4.30, TOTAL AMOUNT: 6.72

Form C: Full Name (Last, First, Middle Initial) ANDREW WEISSERT, Transaction ID : H4.14265, Allocated Activity or Event: Administrative, Date: 10/26/2015, FEDERAL SHARE: 24.03, NONFEDERAL SHARE: 42.73, TOTAL AMOUNT: 66.76

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 26.45, 47.03, 73.48

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) 2DIALOG		Transaction ID : H4.14266	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 203421			Allocated Activity or Event Year-To-Date 243224.55	
City DALLAS	State TX	Zip Code 75320	Date 10 / 26 / 2015	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		Category/ Type	Date 10 / 26 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
562.68			1000.32	1563.00

B. Full Name (Last, First, Middle Initial) NEW RIVER RESEARCH INSTITUTE		Transaction ID : H4.14274	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2150 COUNTRY CLUB ROAD SUITE 221			Allocated Activity or Event Year-To-Date 245724.55	
City WINSTON-SALEM	State NC	Zip Code 27104	Date 10 / 26 / 2015	
Purpose of Disbursement: MOBILE PHONE APP EXPENSE		Category/ Type	Date 10 / 26 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
900.00			1600.00	2500.00

C. Full Name (Last, First, Middle Initial) REGAL BUSINESS MACHINES INC.		Transaction ID : H4.14275	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 660831			Allocated Activity or Event Year-To-Date 245910.93	
City DALLAS	State TX	Zip Code 75266	Date 10 / 26 / 2015	
Purpose of Disbursement: EQUIPMENT RENTAL		Category/ Type	Date 10 / 26 / 2015	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
67.10			119.28	186.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1529.78		2719.60		4249.38

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.14276 USPS BUSINESS REPLY Mailing Address 2105 EAST COOK STREET		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code SPRINGFIELD IL 62703	Allocated Activity or Event Year-To-Date 246135.93		
Purpose of Disbursement: POSTAGE	<input type="checkbox"/> Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="81.00"/> + <input type="text" value="144.00"/> = <input type="text" value="225.00"/>			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.14277 USPS - OAK BROOK Mailing Address 1314 KENSINGTON ROAD		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code OAK BROOK IL 60523	Allocated Activity or Event Year-To-Date 251135.93		
Purpose of Disbursement: POSTAGE	<input type="checkbox"/> Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="1800.00"/> + <input type="text" value="3200.00"/> = <input type="text" value="5000.00"/>			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.14283 SQUARE SPACE INC Mailing Address 459 BROADWAY FIFTH FLOOR		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City State Zip Code NEW YORK NY 10013	Allocated Activity or Event Year-To-Date 251155.93		
Purpose of Disbursement: WEB HOSTING	<input type="checkbox"/> Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="7.20"/> + <input type="text" value="12.80"/> = <input type="text" value="20.00"/>			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1888.20"/>		<input type="text" value="3356.80"/>		<input type="text" value="5245.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID : SL.15030

NAME OF COMMITTEE (In Full) ILLINOIS REPUBLICAN PARTY		
NAME OF ACCOUNT LEVIN		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0.00	0.00
(b) Unitemized	0.00	0.00
(c) Total	0.00	0.00
2. OTHER RECEIPTS	0.00	0.11
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0.00	0.11
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0.00	0.00
(b) Voter ID	0.00	0.00
(c) GOTV	0.00	0.00
(d) Generic Campaign	0.00	0.00
(e) Total	0.00	0.00
5. OTHER DISBURSEMENTS	0.00	0.00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	458.98	458.87
8. RECEIPTS (from Line 3)	0.00	0.11
9. SUBTOTAL (Add Lines 7 and 8)	458.98	458.98
10. DISBURSEMENTS (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	458.98	458.98