

# 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.   
**DEMOCRATIC PARTY OF ILLINOIS**

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 Michael Kasper

Signature of Treasurer Michael Kasper [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

**DEMOCRATIC PARTY OF ILLINOIS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		763467.65
(b) Cash on Hand at Beginning of Reporting Period.....	871320.55	
(c) Total Receipts (from Line 19) .....	1683826.12	4136088.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2555146.67	4899555.79
7. Total Disbursements (from Line 31).....	1409928.84	3754337.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1145217.83	1145217.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**DEMOCRATIC PARTY OF ILLINOIS**

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).....	142950.00	514229.00
(ii) Unitemized .....	559.60	10523.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	143509.60	524752.60
(b) Political Party Committees .....	5155.50	56954.47
(c) Other Political Committees (such as PACs).....	673627.88	2093831.94
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	822292.98	2675539.01
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.).....	47917.00	377856.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	30713.68	299789.86
(b) Levin Funds (from Schedule H5) .....	782902.46	782902.46
(c) Total Transfers (add 18(a) and 18(b))..	813616.14	1082692.32
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1683826.12	4136088.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	870209.98	3053395.82

**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 .....	13490.14	114642.53
(ii) Non-Federal Share.....	62698.26	496357.48
(b) Other Federal Operating Expenditures .....	0.00	18761.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	76188.40	629761.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	100107.23	308239.45
(ii) "Levin" Share.....	376593.88	1159567.43
(b) Federal Election Activity Paid Entirely With Federal Funds .....	857039.33	1656769.75
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	1333740.44	3124576.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1409928.84	3754337.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	970636.70	2098413.05

**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) .....	822292.98	2675539.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	822292.98	2675539.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13490.14	133403.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13490.14	133403.85

**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 169
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Allred</b>		Date of Receipt
Mailing Address 3522 Lakeway Dr		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ellicott City	MD	21042
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.36160</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution
Exelon	VP-IT\	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John T. Anthony</b>		Date of Receipt
Mailing Address 541 Prescott Road		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Merion Station	PA	19066
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.36179</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	Contribution
Com Ed	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Richard Astle</b>		Date of Receipt
Mailing Address 3120 N. Sheridan Road		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60657
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.36207</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contribution
Sidley Austin LLP	Lawyer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 169
	(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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. John Barry</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2014 <b>Transaction ID : SA11AI.35793</b>
Mailing Address 5337 Fox Crest		Amount of Each Receipt this Period 10000.00
City Edwardsville	State IL	Zip Code 62040
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Gori, Julian & Associates, PC	Occupation Attorney - Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Russell Budd</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2014 <b>Transaction ID : SA11AI.35784</b>
Mailing Address 4514 Cole Avenue		Amount of Each Receipt this Period 10000.00
City Dallas	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Baron & Budd, Inc.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. Joan Clifford</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2014 <b>Transaction ID : SA11AI.36186</b>
Mailing Address 840 N. Lake Shore Drive		Amount of Each Receipt this Period 10000.00
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30000.00
<b>TOTAL</b> 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 169
	(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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. Robert Clifford</b>		Date of Receipt
Mailing Address 840 N. Lake Shore Drive		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City State Zip Code Chicago IL 60611		<b>Transaction ID : SA11AI.36187</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10000.00"/>
Name of Employer Clifford Law	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James Conway</b>		Date of Receipt
Mailing Address 7912 Keystone Road		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code Orland Park IL 60462		<b>Transaction ID : SA11AI.36161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Com Ed	Occupation Vice President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Christopher Costanzo</b>		Date of Receipt
Mailing Address 7528 Talley Abbey Way		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City State Zip Code Baldwinsville WY 13027		<b>Transaction ID : SA11AI.36180</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Exelon	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. John Doerrer</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2014 <b>Transaction ID : SA11AI.36208</b>
Mailing Address 1705 N. Rutherford			Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60607	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer John A. Doerrer & Associates P	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Terence Donnelly</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2014 <b>Transaction ID : SA11AI.35771</b>
Mailing Address 8042 Shag Bark Lane			Amount of Each Receipt this Period 2500.00
City Burr Ridge	State IL	Zip Code 60527	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00	
Name of Employer Com Ed	Occupation EVP operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ronald Donovan</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.36165</b>
Mailing Address 749 Fox Run			Amount of Each Receipt this Period 1000.00
City Geneva	State IL	Zip Code 60134	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Com Ed	Occupation Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 10 OF 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. Jose Fernandez**  
Full Name (Last, First, Middle Initial)

Mailing Address PMB 607 # 105 89 Ave De Diego

City San Juan	State PR	Zip Code 00927
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FEC ID number of contributing federal political committee. **C**

Name of Employer Oriental Financial Group	Occupation President and CeO
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SA11AI.36194**

Amount of Each Receipt this Period  
1200.00

Contribution

**B. Mary Jane Fernandez**  
Full Name (Last, First, Middle Initial)

Mailing Address PMB 607 # 105, 85 Ave. De Diego

City San Juan	State PR	Zip Code 00927
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SA11AI.36196**

Amount of Each Receipt this Period  
1200.00

Contribution

**C. Leonard Gail**  
Full Name (Last, First, Middle Initial)

Mailing Address 440 West Belden Avenue

City Chicago	State IL	Zip Code 60614
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FEC ID number of contributing federal political committee. **C**

Name of Employer Massey & Gail	Occupation Attorney
-----------------------------------	------------------------

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		09		2014

**Transaction ID : SA11AI.36198**

Amount of Each Receipt this Period  
10000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	12400.00
<b>TOTAL</b> 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 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. Paul Gaynor**  
Full Name (Last, First, Middle Initial)

Mailing Address 645 Forest Avenue

City Evanston State IL Zip Code 60202

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

Name of Employer G & R Public Law Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 03 / 2014  
Transaction ID : SA11AI.36166

Amount of Each Receipt this Period 2500.00

Contribution

**B. Randy Gori**  
Full Name (Last, First, Middle Initial)

Mailing Address 4586 Mooney Creek Lane

City Edwardsville State IL Zip Code 62025

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

Name of Employer Gori, Julian and Assoc. Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 01 / 2014  
Transaction ID : SA11AI.35790

Amount of Each Receipt this Period 10000.00

Contribution

**C. Keith A. Hebeisen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2828 Woodmere Court

City Northbrook State IL Zip Code 60062

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

Name of Employer Clifford Law Offices Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 09 / 2014  
Transaction ID : SA11AI.36200

Amount of Each Receipt this Period 5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 17500.00

**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 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. Edward Jandacek</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2014 <b>Transaction ID : SA11AI.36167</b>
Mailing Address 6607 St. James Court			Amount of Each Receipt this Period 1000.00
City Downers Grove	State IL	Zip Code 60516	Contribution
FEC ID number of contributing federal political committee.	C		
Name of Employer Exelon	Occupation Vice President Supply		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Kristopher Keys</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014 <b>Transaction ID : SA11AI.36212</b>
Mailing Address 3847 Junebreeze			Amount of Each Receipt this Period 500.00
City Naperville	State IL	Zip Code 60564	Contribution
FEC ID number of contributing federal political committee.	C		
Name of Employer Exelon	Occupation Manager		
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) <b>C. Mary Korsnick</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2014 <b>Transaction ID : SA11AI.35772</b>
Mailing Address 3510 Castle Way			Amount of Each Receipt this Period 500.00
City Davidsonville	State MD	Zip Code 21035	Contribution
FEC ID number of contributing federal political committee.	C		
Name of Employer Exelon	Occupation Sr. Vice President Northeast Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. Jerry A. Latherow**  
Full Name (Last, First, Middle Initial)

Mailing Address 1852 N. Burling Street

City Chicago State IL Zip Code 60614

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

Name of Employer Latherow Law Office Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 03 / 2014  
Transaction ID : SA11AI.36155

Amount of Each Receipt this Period 3000.00

Contribution

**B. Baldemar Lopez**  
Full Name (Last, First, Middle Initial)

Mailing Address 2559 Boardwalk Boulevard

City Hoffman Estates State IL Zip Code 60169

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 ▼ 1000.00

Date of Receipt 10 / 03 / 2014  
Transaction ID : SA11AI.36174

Amount of Each Receipt this Period 1000.00

Contribution

**C. Michael McClaiou**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Tuscany Drive

City Quincy State IL Zip Code 62305

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

Name of Employer IRMA Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 12 / 2014  
Transaction ID : SA11AI.36209

Amount of Each Receipt this Period 1500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

**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 14 OF 169
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Michael McMahan</b>		Date of Receipt 10 / 14 / 2014 <b>Transaction ID : SA11AI.36213</b>
Mailing Address 39W677 Caribou Trail		Amount of Each Receipt this Period 1000.00
City Saint Charles	State IL	Zip Code 60175
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Com Ed	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Naumann</b>		Date of Receipt 10 / 01 / 2014 <b>Transaction ID : SA11AI.35775</b>
Mailing Address 8210 Tripp Avenue		Amount of Each Receipt this Period 500.00
City Skokie	State IL	Zip Code 60076
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Exelon	Occupation Executive	
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) <b>C. Melissa Nigro</b>		Date of Receipt 10 / 01 / 2014 <b>Transaction ID : SA11AI.35776</b>
Mailing Address 967 Fell Street		Amount of Each Receipt this Period 2000.00
City Baltimore	State MD	Zip Code 21231
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Exelon	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> 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 15 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Denis O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 Canterbury Road  
 City Havertown State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation Utility Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.36168**  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution

**B. Kevin O'Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 411 N. High Street  
 City Port Byron State IL Zip Code 61275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation Plant manager  
 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 / 01 / 2014  
**Transaction ID : SA11AI.35778**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C. Joseph Pacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 Basket Road  
 City Webster State NY Zip Code 14580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation Vice President  
 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 / 2014  
**Transaction ID : SA11AI.36182**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. Anne Pramaggiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 89 Hills & Dales Road

City Barrington Hills State IL Zip Code 60010

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

Name of Employer Com Ed Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014  
**Transaction ID : SA11AI.35780**

Amount of Each Receipt this Period  
5000.00

Contribution

**B. Martin Proctor**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Constellation Way

City Baltimore State MD Zip Code 21201

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

Name of Employer Exelon Corporation Occupation Senior Vice President

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 / 01 / 2014  
**Transaction ID : SA11AI.35781**

Amount of Each Receipt this Period  
1500.00

Contribution

**C. David Rhoades**  
Full Name (Last, First, Middle Initial)

Mailing Address 820 Adrienne Court

City Ottawa State IL Zip Code 61350

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

Name of Employer Exelon Occupation Manager

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 / 03 / 2014  
**Transaction ID : SA11AI.36150**

Amount of Each Receipt this Period  
1500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> 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 17 OF 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. Bruce Sagan**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 E. North Water # 1505

City Chicago	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer Herald Newspaper	Occupation Journalist
--------------------------------------	--------------------------

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	/	01	/	2014

**Transaction ID : SA11AI.35799**

Amount of Each Receipt this Period  
10000.00

Contribution

**B. Mary Jacobs Skinner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 1st National Plaza

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

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

Name of Employer Sidley and Austin	Occupation Attorney
---------------------------------------	------------------------

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	/	12	/	2014

**Transaction ID : SA11AI.36211**

Amount of Each Receipt this Period  
500.00

Contribution

**C. Steven Solomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1523 Gardenside Court

City Naperville	State IL	Zip Code 60540
--------------------	-------------	-------------------

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

Name of Employer Exelon	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	/	01	/	2014

**Transaction ID : SA11AI.35782**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> 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 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. Jennifer Steans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2234 Lincolnwood  
 City Evanston State IL Zip Code 60201  
 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 10000.00

Date of Receipt 10 / 01 / 2014  
**Transaction ID : SA11AI.35795**  
 Amount of Each Receipt this Period 10000.00  
 Contribution

**B. Katherine Tisdahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 53 W. Jackson Boulevard  
 City Chicago State IL Zip Code 60604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Inclusion Solutions Occupation Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2500.00

Date of Receipt 10 / 09 / 2014  
**Transaction ID : SA11AI.36205**  
 Amount of Each Receipt this Period 2500.00  
 Contribution

**C. Joseph R Trpik Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 838 W Lill Ave  
 City Chicago State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1500.00

Date of Receipt 10 / 01 / 2014  
**Transaction ID : SA11AI.35783**  
 Amount of Each Receipt this Period 1500.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14000.00
<b>TOTAL</b> 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 19 OF 169
	<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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. William Von Hoene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6901 S. Constance Avenue  
 City Chicago State IL Zip Code 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.36170**  
 Amount of Each Receipt this Period 5000.00  
 Contribution

**B. John Washko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1619 N. 159th Road  
 City Streator State IL Zip Code 61364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation Plant Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.36151**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**C. Bruce Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 Leicester Road  
 City Kenilworth State IL Zip Code 60043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.36171**  
 Amount of Each Receipt this Period 1000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00  
**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 20 OF 169
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Robert Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 N. Michigan Avenue  
 City Chicago State IL Zip Code 60602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Equities Realty Occupation Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.36178**  
 Amount of Each Receipt this Period 10000.00  
 Contribution

**B. Karen Yarbrough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 217 S. 2nd Avenue  
 City Maywood State IL Zip Code 60153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Best efforts Occupation Best efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2014  
**Transaction ID : SA11AI.36176**  
 Amount of Each Receipt this Period 300.00  
 Contribution

**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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10300.00
<b>TOTAL</b> This Period (last page this line number only).....	142950.00

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

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

FOR LINE NUMBER: PAGE 21 OF 169  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 SOUTH CAPITOL STREET SE  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00460147  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 27594.09

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014  
**Transaction ID : SA11B.36158**  
 Amount of Each Receipt this Period  
 5155.50  
 Contribution

**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 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 Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5155.50
<b>TOTAL</b> This Period (last page this line number only).....▶	5155.50

**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 22 OF 169
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

**A. AMERICA WORKS PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 15293

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00331694

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	09	/	2014

**Transaction ID : SA11C.36184**

Amount of Each Receipt this Period  
5000.00

Contribution

**B. BLUE DOG POLITICAL ACTION COMMITTEE**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 83142

City GAITHERSBURG	State MD	Zip Code 20883
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	03	/	2014

**Transaction ID : SA11C.36153**

Amount of Each Receipt this Period  
5000.00

Contribution

**C. COMMON GROUND PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1490 QUARTERPATH ROAD  
NUMBER 272

City WILLIAMSBURG	State VA	Zip Code 23185
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00538835

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2014

**Transaction ID : SA11C.35786**

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> 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 23 OF 169
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)  
**A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1670494.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

**Transaction ID : SA11C.36215**

Amount of Each Receipt this Period  
452060.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, S.E. #2

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1853944.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

**Transaction ID : SA11C.36217**

Amount of Each Receipt this Period  
183450.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Democratic County Chairmens Federal Account**

Mailing Address P.O. Box 3445

City Springfield	State IL	Zip Code 62708
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2014

**Transaction ID : SA11C.36188**

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	640510.00
<b>TOTAL</b> 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 24 OF 169
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. EMILY'S LIST</b>		Date of Receipt
Mailing Address 1800 M STREET, NW STE 375N		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00193433"/>	<b>Transaction ID : SA11C.36192</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. HOYER FOR CONGRESS</b>		Date of Receipt
Mailing Address 700 13TH STREET, NW SUITE 600		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00140715"/>	<b>Transaction ID : SA11C.36220</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="483.20"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Travel
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="483.20"/>	

Full Name (Last, First, Middle Initial) <b>C. HOYER FOR CONGRESS</b>		Date of Receipt
Mailing Address 700 13TH STREET, NW SUITE 600		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00140715"/>	<b>Transaction ID : SA11C.36221</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="134.68"/>
Receipt For:	Aggregate Year-to-Date ▼	In-kind - Travel
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="617.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3117.88"/>
<b>TOTAL</b> 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: (check only one)	PAGE 25 OF 169
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) <b>A. IMPACT</b>		Date of Receipt
Mailing Address 192 LEXINGTON AVE. SUITE 1001		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City NEW YORK	State NY	Zip Code 10016
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00348607"/>	<b>Transaction ID : SA11C.36201</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Contribution

Full Name (Last, First, Middle Initial) <b>B. PAC FOR A LEVEL PLAYING FIELD</b>		Date of Receipt
Mailing Address 124 WASHINGTON STREET SUITE 101		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City FOXBORO	State MA	Zip Code 02035
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00540195"/>	<b>Transaction ID : SA11C.36203</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Contribution

Full Name (Last, First, Middle Initial) <b>C. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT</b>		Date of Receipt
Mailing Address 702 S.W. 8TH STREET		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City BENTONVILLE	State AR	Zip Code 72716
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00093054"/>	<b>Transaction ID : SA11C.35800</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="673627.88"/>

**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 26 OF 169
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DUCKWORTH FOR CONGRESS</b>		Date of Receipt
Mailing Address P.O. BOX 8867		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
ROLLING MEADOWS	IL	60008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00498634"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="30167.00"/>	
		Transaction ID : SA17.35788
		Amount of Each Receipt this Period
		<input type="text" value="27167.00"/>
		Unlimited transfer

Full Name (Last, First, Middle Initial) <b>B. Friends of Leslie Hairston</b>		Date of Receipt
Mailing Address P.O. Box 497028		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60649-7028
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value=""/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.00"/>	
		Transaction ID : SA17.36156
		Amount of Each Receipt this Period
		<input type="text" value="750.00"/>
		Vote builder

Full Name (Last, First, Middle Initial) <b>C. QUIGLEY FOR CONGRESS</b>		Date of Receipt
Mailing Address PO BOX 13040		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
CHICAGO	IL	60613
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00457556"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="21500.00"/>	
		Transaction ID : SA17.35797
		Amount of Each Receipt this Period
		<input type="text" value="20000.00"/>
		Unlimited transfer

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="47917.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="47917.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Andrew Adamski**

Mailing Address 3 Winston Road

City East Lyme State CT Zip Code 06333

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35700**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. May Affre**

Mailing Address 1803 Country Drive  
Apt. 301

City Grayslake State IL Zip Code 60030

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35713**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Collin Akers**

Mailing Address 616 Sherman Avenue

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35701**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Anastasia Almasi**

Mailing Address 1825 Holmes Avenue

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

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 Y  
10 / 10 / 2014

**Transaction ID : SB30B.35735**

Amount of Each Disbursement this Period

1088.07

Full Name (Last, First, Middle Initial)

**B. Saeid Barghi**

Mailing Address 1211 Lockwood Drive

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

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 Y  
10 / 10 / 2014

**Transaction ID : SB30B.35670**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**C. Sakina Bennett**

Mailing Address 7345 Amherst Avenue

City Saint Louis State MO Zip Code 63130

Purpose of Disbursement  
Wages

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 Y  
10 / 10 / 2014

**Transaction ID : SB30B.35702**

Amount of Each Disbursement this Period

1108.52

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

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

3280.44

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Bryan Besser**

Mailing Address 365 Dogwood Terrace

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35671**

Amount of Each Disbursement this Period

1083.84

Full Name (Last, First, Middle Initial)

**B. Steffanie Bezruki**

Mailing Address 57 Rhode Island Avenue

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35714**

Amount of Each Disbursement this Period

1108.53

Full Name (Last, First, Middle Initial)

**C. William Biagi**

Mailing Address 339 Jocelyn Place

City Highwood State IL Zip Code 60040

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35672**

Amount of Each Disbursement this Period

1112.95

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

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

3305.32

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Blue Calls, LLC**

Mailing Address 1626 Beekman Place NW, Unit B

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Robocall with Dick Durbin

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  
10 / 12 / 2014

**Transaction ID : SB30B.35760**

Amount of Each Disbursement this Period

10404.06

Full Name (Last, First, Middle Initial)

**B. Wesley Boensel**

Mailing Address 15671 Sunset Street

City Petersburg State IL Zip Code 62675

Purpose of Disbursement  
Insurance reimbursement

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  
10 / 10 / 2014

**Transaction ID : SB30B.35646**

Amount of Each Disbursement this Period

1847.08

Full Name (Last, First, Middle Initial)

**C. Wesley Boensel**

Mailing Address 15671 Sunset Street

City Petersburg State IL Zip Code 62675

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35743**

Amount of Each Disbursement this Period

1747.62

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

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

13998.76

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Sylvia Bowman**

Mailing Address 1918 Clover Avenue

City State Zip Code  
Rockford IL 61102

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35715**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Amy Brown**

Mailing Address 39 Regent Drive

City State Zip Code  
Gilbens IL 60136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35673**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ian Bruckner**

Mailing Address 941 Highland Lane

City State Zip Code  
Irvington NY 10533

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35674**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Brenda Carrillo**

Mailing Address 2919 Wichita Avenue

City State Zip Code  
Amarillo TX 79107

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35716**

Amount of Each Disbursement this Period

1083.84

Full Name (Last, First, Middle Initial)

**B. Michael Carson**

Mailing Address 3821 N. Damen Avenue

City State Zip Code  
Chicago IL 60618

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35731**

Amount of Each Disbursement this Period

1754.84

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City State Zip Code  
Springfield IL 62791

Purpose of Disbursement  
Insurance-Almasi

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  
10 / 10 / 2014

**Transaction ID : SB30B.35645**

Amount of Each Disbursement this Period

781.06

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

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

3619.74

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Cory

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : **SB30B.35647**

Amount of Each Disbursement this Period

1185.80

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Cousineau

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : **SB30B.35648**

Amount of Each Disbursement this Period

1797.42

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Hall

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : **SB30B.35649**

Amount of Each Disbursement this Period

700.74

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

3683.96

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Maley

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  
10 / 10 / 2014

Transaction ID : SB30B.35651

Amount of Each Disbursement this Period

631.78

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Maxson

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  
10 / 10 / 2014

Transaction ID : SB30B.35652

Amount of Each Disbursement this Period

784.36

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Mehendrew

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  
10 / 10 / 2014

Transaction ID : SB30B.35653

Amount of Each Disbursement this Period

1418.12

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

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

2834.26

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement Insurance-Murray

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : SB30B.35654

Amount of Each Disbursement this Period

1848.74

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement Insurance-Nagel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : SB30B.35655

Amount of Each Disbursement this Period

1656.08

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement Insurance-Nippa

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : SB30B.35656

Amount of Each Disbursement this Period

781.88

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

4286.70

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Schuette

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35657**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance-Sullivan

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35658**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Emily Cheong**

Mailing Address 3895 Anjou Lane

City Hoffman Estates State IL Zip Code 60192

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35675**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ronald Chiu**

Mailing Address 18248 Cork Road

City State Zip Code  
Tinley Park IL 60477

Purpose of Disbursement  
Wages

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 / 10 / 2014

Transaction ID : **SB30B.35717**

Amount of Each Disbursement this Period

1083.83

Full Name (Last, First, Middle Initial)

**B. Thomas Cory**

Mailing Address 2081 W. Monroe Street # 6

City State Zip Code  
Springfield IL 62704

Purpose of Disbursement  
Wages

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 / 10 / 2014

Transaction ID : **SB30B.35744**

Amount of Each Disbursement this Period

947.16

Full Name (Last, First, Middle Initial)

**C. William Cousinear**

Mailing Address 2009 S. Glenwood

City State Zip Code  
Springfield IL 62704

Purpose of Disbursement  
Mileage reimbursement

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 / 06 / 2014

Transaction ID : **SB30B.35613**

Amount of Each Disbursement this Period

191.00

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

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

2221.99

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. William Cousinear**

Mailing Address 2009 S. Glenwood

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Reimbursement C

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 06 / 2014

**Transaction ID : SB30B.35614**

Amount of Each Disbursement this Period

3268.87

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. William Cousinear**

Mailing Address 2009 S. Glenwood

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB30B.35745**

Amount of Each Disbursement this Period

4460.11

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Marshall Derks**

Mailing Address 328 S. Woodrow Street

City Columbia State SC Zip Code 29205

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB30B.35718**

Amount of Each Disbursement this Period

1503.26

Category/  
Type

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

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

9232.24

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Alex Dintruff**

Mailing Address 526 E. Prospect Avenue

City State Zip Code  
Lake Bluff IL 60044

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35660**

Amount of Each Disbursement this Period

1268.74

Full Name (Last, First, Middle Initial)

**B. Jeffrey Easterling**

Mailing Address 1787 Vermont Drive

City State Zip Code  
Elk Grove IL 60007

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35676**

Amount of Each Disbursement this Period

1083.84

Full Name (Last, First, Middle Initial)

**C. Edward Hall**

Mailing Address 333 S. Lewis

City State Zip Code  
Springfield IL 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35737**

Amount of Each Disbursement this Period

1112.77

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

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

3465.35

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Shane Henson**

Mailing Address 30148 Oakview

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35677**

Amount of Each Disbursement this Period

1083.83

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Service**

Mailing Address Department of the Treasury

City Kansas City State MO Zip Code 64999

Purpose of Disbursement  
Payroll taxes

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  
10 / 10 / 2014

**Transaction ID : SB30B.35728**

Amount of Each Disbursement this Period

23977.60

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address Department of the Treasury

City Kansas City State MO Zip Code 64999

Purpose of Disbursement  
Payroll taxes

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  
10 / 10 / 2014

**Transaction ID : SB30B.35729**

Amount of Each Disbursement this Period

42632.48

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

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

67693.91

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Brexton Isaacs**

Mailing Address 917 Kingsway Lane

City Byron State IL Zip Code 61010

Purpose of Disbursement Wages

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  
10 / 10 / 2014

Transaction ID : SB30B.35667

Amount of Each Disbursement this Period

1083.83

Full Name (Last, First, Middle Initial)

**B. Dauntre Jenkins**

Mailing Address 914 E. Willcox Street

City Peoria State IL Zip Code 61603

Purpose of Disbursement Wages

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  
10 / 10 / 2014

Transaction ID : SB30B.35703

Amount of Each Disbursement this Period

1112.95

Full Name (Last, First, Middle Initial)

**C. Steven Johnson**

Mailing Address 1411 E. Reservoir Street

City Springfield State IL Zip Code 62702

Purpose of Disbursement Wages

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  
10 / 10 / 2014

Transaction ID : SB30B.35668

Amount of Each Disbursement this Period

1182.60

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

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

3379.38

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kevin Josephs**

Mailing Address 1308 E. Campbell Street

City State Zip Code  
Arlington Heights IL 60004

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35678**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Elizabeth Jung**

Mailing Address 25 Kassebaum Lane

City State Zip Code  
Saint Louis MO 63129

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35690**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Daniel Kallio**

Mailing Address 3733 S. Lowe Avenue

City State Zip Code  
Chicago IL 60609

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35691**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Matthew Kalmick**

Mailing Address 555 W. Strafford Place

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35679**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Kimberly Kargman**

Mailing Address 221 Mt. Auburn Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35661**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. James Keefe**

Mailing Address 504 E. Waters Edge Drive

City Belleville State IL Zip Code 62221

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35680**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Erin Kellogg**

Mailing Address 457 Landings Loop W

City Westerville State OH Zip Code 43082

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35704**

Amount of Each Disbursement this Period

1108.52

Full Name (Last, First, Middle Initial)

**B. Kylie Kelly**

Mailing Address 10230 S. Bell

City Chicago State IL Zip Code 60643

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.36223**

Amount of Each Disbursement this Period

1027.79

Full Name (Last, First, Middle Initial)

**C. Robert Kern**

Mailing Address 1530 State Street

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35719**

Amount of Each Disbursement this Period

1083.84

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

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

3220.15

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kenneth Kimber**

Mailing Address 2217 Boysenberry Lane

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Reimbursed expense-B

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  
10 / 02 / 2014

Transaction ID : **SB30B.35602**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Kimber**

Mailing Address 2217 Boysenberry Lane

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

Transaction ID : **SB30B.35732**

Amount of Each Disbursement this Period

1274.22

Full Name (Last, First, Middle Initial)

**C. Daniel Klein**

Mailing Address 1824 S. Halstead

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
Wages

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  
10 / 04 / 2014

Transaction ID : **SB30B.35611**

Amount of Each Disbursement this Period

1001.64

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

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

2300.86

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Daniel Klein**

Mailing Address 1824 S. Halstead

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35669**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Brian Koppe**

Mailing Address 265 Rosewood Avenue

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35681**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ben Lenet**

Mailing Address 1547 W. Blackhawk Avenue

City Chicago State IL Zip Code 60642

Purpose of Disbursement  
Insurance reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35650**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ben Lenet**

Mailing Address 1547 W. Blackhawk Avenue

City Chicago State IL Zip Code 60642

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35751**

Amount of Each Disbursement this Period

2534.21

Full Name (Last, First, Middle Initial)

**B. Benjamin Levin**

Mailing Address 127 Chargeur Road

City Reisterstown State MD Zip Code 21136

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35705**

Amount of Each Disbursement this Period

1083.83

Full Name (Last, First, Middle Initial)

**C. Seth Levin**

Mailing Address 127 Chargeur Road

City Reisterstown State MD Zip Code 21136

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35706**

Amount of Each Disbursement this Period

1454.62

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

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

5072.66

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. MailChip**

Mailing Address 512 Means Street

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
B-Email size update to send unlimited emails

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
0	9		3	0		2	0	1	4

**Transaction ID : SB30B.35603**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Christopher Maley**

Mailing Address 2517 W. Harbauer Lane

City Springfield State IL Zip Code 62702

Purpose of Disbursement  
Wages

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
1	0		1	0		2	0	1	4

**Transaction ID : SB30B.35738**

Amount of Each Disbursement this Period

2	9	2	7	.	3	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Jonathan Maxson**

Mailing Address 400 E. Jefferson

City Springfield State IL Zip Code 62701

Purpose of Disbursement  
Wages

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
1	0		1	0		2	0	1	4

**Transaction ID : SB30B.35746**

Amount of Each Disbursement this Period

1	4	6	2	.	6	9
---	---	---	---	---	---	---

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

4	3	9	0	.	0	2
---	---	---	---	---	---	---

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

4	3	9	0	.	0	2
---	---	---	---	---	---	---

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Sean McConnell**

Mailing Address 4812 Bears Parkway

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35740**

Amount of Each Disbursement this Period

1222.90

Full Name (Last, First, Middle Initial)

**B. Anna McGreal**

Mailing Address 1717 W. 102nd Street

City Chicago State IL Zip Code 60643

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35682**

Amount of Each Disbursement this Period

1112.95

Full Name (Last, First, Middle Initial)

**C. David Mehendrew**

Mailing Address 121 Glen Aire Drive

City Springfield State IL Zip Code 62703

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35747**

Amount of Each Disbursement this Period

1388.24

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

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

3724.09

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Edward Miller**

Mailing Address 57 North Beacon Street

City Hartford State CT Zip Code 06105

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35692**

Amount of Each Disbursement this Period

1955.93

Full Name (Last, First, Middle Initial)

**B. Max Miller**

Mailing Address 915 South 6th Avenue

City LaGrange State IL Zip Code 60525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35663**

Amount of Each Disbursement this Period

1108.52

Full Name (Last, First, Middle Initial)

**C. Solomon Miller**

Mailing Address 1640 Maple Avenue

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35720**

Amount of Each Disbursement this Period

1083.83

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

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

4148.28

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mission Control**

Mailing Address 114A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement  
Printing slate cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : **SB30B.35764**

Amount of Each Disbursement this Period

5698.00

Full Name (Last, First, Middle Initial)

**B. Shahdi Montazeri**

Mailing Address 20950 Norman Shores

City Cornelius State NC Zip Code 28031

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : **SB30B.35707**

Amount of Each Disbursement this Period

1112.95

Full Name (Last, First, Middle Initial)

**C. Fernando Montoya**

Mailing Address 1600 Whittier Lane

City Wheaton State IL Zip Code 60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

Transaction ID : **SB30B.35708**

Amount of Each Disbursement this Period

1083.84

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

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

7894.79

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Felicia Moore**

Mailing Address 420 S. Durkin Drive

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35709**

Amount of Each Disbursement this Period

1166.20

Full Name (Last, First, Middle Initial)

**B. Alexander Morgan**

Mailing Address 725 St. Johns Avenue

City Highland Park State IL Zip Code 60035

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35683**

Amount of Each Disbursement this Period

1454.62

Full Name (Last, First, Middle Initial)

**C. Andrew Mossman**

Mailing Address 411 Wynona Road

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35693**

Amount of Each Disbursement this Period

1268.75

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

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

3889.57

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Russell Nagel**

Mailing Address 529 S. Glenwood Avenue

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35748**

Amount of Each Disbursement this Period

2709.19

Full Name (Last, First, Middle Initial)

**B. Cassandra Nerby**

Mailing Address 25 Timba Bah

City Atlantic City State WY Zip Code 82520

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35721**

Amount of Each Disbursement this Period

1083.34

Full Name (Last, First, Middle Initial)

**C. Jason Nippa**

Mailing Address 11411 Michican Drive

City Spring Grove State IL Zip Code 60081

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35749**

Amount of Each Disbursement this Period

1248.41

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

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

5040.94

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ryanne Olsen**

Mailing Address 117 E. Dodge Street

City Jefferson State WI Zip Code 53549

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35684**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Erik Pannell**

Mailing Address 953 Goetz Drive

City East Saint Louis State IL Zip Code 62203

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35694**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City Chatham State IL Zip Code 62629

Purpose of Disbursement  
C-Truck rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35618**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City Chatham State IL Zip Code 62629

Purpose of Disbursement  
C-Truck rental

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 Y  
09 / 10 / 2014

Transaction ID : SB30B.35620

Amount of Each Disbursement this Period

722.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City Chatham State IL Zip Code 62629

Purpose of Disbursement  
C-Truck rental

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 Y  
09 / 17 / 2014

Transaction ID : SB30B.35621

Amount of Each Disbursement this Period

720.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Penske Truck Rental**

Mailing Address 311 E. Walnut Street

City Chatham State IL Zip Code 62629

Purpose of Disbursement  
C-Truck rental

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 Y  
09 / 24 / 2014

Transaction ID : SB30B.35622

Amount of Each Disbursement this Period

720.10

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Bustos and Calls mail

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2014

Transaction ID : **SB30B.35605**

Amount of Each Disbursement this Period

61213.12

Full Name (Last, First, Middle Initial)

**B. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Bustos and Callis mail

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2014

Transaction ID : **SB30B.35608**

Amount of Each Disbursement this Period

96015.67

Full Name (Last, First, Middle Initial)

**C. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Callis production and postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : **SB30B.35612**

Amount of Each Disbursement this Period

10071.89

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

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

167300.68

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Printing slate cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

**Transaction ID : SB30B.35765**

Amount of Each Disbursement this Period

5300.00

Full Name (Last, First, Middle Initial)

**B. Kathryn Pond**

Mailing Address 449 19th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB30B.35723**

Amount of Each Disbursement this Period

1083.84

Full Name (Last, First, Middle Initial)

**C. Scott Redenbaugh**

Mailing Address 611 W. Church

City Champaign State IL Zip Code 61820

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB30B.35710**

Amount of Each Disbursement this Period

1413.48

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

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

7797.32

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Megan Reenock**

Mailing Address 624 E. 9th Street

City Northhampton State PA Zip Code 18067

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35664**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jackson Reid**

Mailing Address 136 W. Glenlake Avenue

City Roselle State IL Zip Code 60172

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35685**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Lyndsey Reller**

Mailing Address 313 S. Fillmore

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.35695**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Janay Richmond**

Mailing Address 4104 Indian Hill Drive

City Country Club Hills State IL Zip Code 60478

Purpose of Disbursement  
Wages

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 Y  
10 / 10 / 2014

**Transaction ID : SB30B.35686**

Amount of Each Disbursement this Period

1157.91

Full Name (Last, First, Middle Initial)

**B. Kate Robbins**

Mailing Address 923 W. Main Street

City Belleville State IL Zip Code 62222

Purpose of Disbursement  
Wages

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 Y  
10 / 10 / 2014

**Transaction ID : SB30B.35696**

Amount of Each Disbursement this Period

1881.10

Full Name (Last, First, Middle Initial)

**C. Thomas Rothe**

Mailing Address 5106 Woodle Ranch Lane

City Rockford State IL Zip Code 61114

Purpose of Disbursement  
Wages

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 Y  
10 / 10 / 2014

**Transaction ID : SB30B.35724**

Amount of Each Disbursement this Period

1083.84

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

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

4122.85

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Royal Performance**

Mailing Address 2100 Western

City Lisle State IL Zip Code 60653

Purpose of Disbursement  
Gasoline cards

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  
10 / 14 / 2014

**Transaction ID : SB30B.35763**

Amount of Each Disbursement this Period

4272.50

Full Name (Last, First, Middle Initial)

**B. Bradley Ruppert**

Mailing Address 209 N. Lark Lane

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35666**

Amount of Each Disbursement this Period

1083.83

Full Name (Last, First, Middle Initial)

**C. Jeff Schuette**

Mailing Address 420 W. Edwards

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

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  
10 / 10 / 2014

**Transaction ID : SB30B.35750**

Amount of Each Disbursement this Period

1300.21

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

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

6656.54

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Christopher Shallow**

Mailing Address 8530 S. Michigan Avenue

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB30B.35725**

Amount of Each Disbursement this Period

1972.25

Full Name (Last, First, Middle Initial)

**B. Michelle Shui**

Mailing Address 1468 Holbrook Lane

City Batavia State IL Zip Code 60510

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : SB30B.35726**

Amount of Each Disbursement this Period

1083.83

Full Name (Last, First, Middle Initial)

**C. Springhill Suites**

Mailing Address 43050 Weaver Road

City Warrenville State IL Zip Code 60555

Purpose of Disbursement  
C-Travel for meeting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : SB30B.35616**

Amount of Each Disbursement this Period

165.39

**[MEMO ITEM]**

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

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

3056.08

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Justin Steele**

Mailing Address 2814 Iowa Drive

City State Zip Code  
Fort Collins CO 80525

Purpose of Disbursement  
Wages

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	/	10	/	2014

**Transaction ID : SB30B.35687**

Amount of Each Disbursement this Period

1922.24
---------

Full Name (Last, First, Middle Initial)

**B. Hannah Stonebraker**

Mailing Address 920 Bluff Street

City State Zip Code  
Glencoe IL 60022

Purpose of Disbursement  
Wages

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	/	10	/	2014

**Transaction ID : SB30B.35689**

Amount of Each Disbursement this Period

1112.95
---------

Full Name (Last, First, Middle Initial)

**C. Stephanie Sullivan**

Mailing Address 1832 N. 19th Street

City State Zip Code  
Springfield IL 62702

Purpose of Disbursement  
Wages

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	/	10	/	2014

**Transaction ID : SB30B.35739**

Amount of Each Disbursement this Period

1300.21
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4335.40
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Terra Strategies, LLC**

Mailing Address 100 East Grand, Suite 380

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Canvass-Schneider, Enyart, Bustos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2014

Transaction ID : **SB30B.35634**

Amount of Each Disbursement this Period

299904.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. The Strategy Group, Inc.**

Mailing Address 1603 Orrington Avenue Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Enyart Production and postage

Candidate Name

**ENYART FOR CONGRESS**

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

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2014

Transaction ID : **SB30B.35607**

Amount of Each Disbursement this Period

66854.20

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. The Strategy Group, Inc.**

Mailing Address 1603 Orrington Avenue Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Printing and Production-Enyart

Candidate Name

**ENYART FOR CONGRESS**

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

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : **SB30B.35766**

Amount of Each Disbursement this Period

75628.25

Category/  
Type

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

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

442386.45

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. The Strategy Group, Inc.**

Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Printing and production

Candidate Name  
**ENYART FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: IL District: 12

Date of Disbursement

/  /

**Transaction ID : SB30B.35769**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Thinkstock**

Mailing Address P.O. Box 953604

City St. Louis State MO Zip Code 63195

Purpose of Disbursement  
C-stock photo image

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB30B.35615**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. James Tinsley**

Mailing Address 1304 W. Beardsley

City Urbana State IL Zip Code 61801

Purpose of Disbursement  
Wages

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB30B.35711**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Blaine Tisdale**

Mailing Address 1110 Ravinia Court

City Shorewood State IL Zip Code 60404

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2014			

**Transaction ID : SB30B.35697**

Amount of Each Disbursement this Period

1083.84
---------

Full Name (Last, First, Middle Initial)

**B. Ryan Vickers**

Mailing Address 207 Laurel Drive

City Fairview Heights State IL Zip Code 62208

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2014			

**Transaction ID : SB30B.35698**

Amount of Each Disbursement this Period

1080.85
---------

Full Name (Last, First, Middle Initial)

**C. Edward Visel**

Mailing Address 1835 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2014			

**Transaction ID : SB30B.35727**

Amount of Each Disbursement this Period

1503.84
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3668.53
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Ryan Winter**

Mailing Address 1769 Lucky Debonair Court

City State Zip Code  
Wheaton IL 60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35712**

Amount of Each Disbursement this Period

1770.78

Full Name (Last, First, Middle Initial)

**B. Alyssa Zavislak**

Mailing Address 1551 S. Lloyd

City State Zip Code  
Lombard IL 60148

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35662**

Amount of Each Disbursement this Period

1413.48

Full Name (Last, First, Middle Initial)

**C. Julian Zito**

Mailing Address 400 W. College Apt 1

City State Zip Code  
Carbondale IL 62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 10 / 2014

**Transaction ID : SB30B.35699**

Amount of Each Disbursement this Period

1142.08

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

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

4326.34

857038.93

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER 09-23-14 Fall Event (09/23/2014)</p> <p>ACTIVITY IS:  <input checked="" type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input checked="" type="checkbox"/> Same as Previously Reported</p> <p style="text-align: center;"><b>Transaction ID : H2.36858</b></p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">21.00 %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">79.00 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER 2014 Fall Event 09-23-14 (09/23/2014)</p> <p>ACTIVITY IS:  <input checked="" type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input checked="" type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> <p style="text-align: center;"><b>Transaction ID : H2.38290</b></p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">14.00 %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">86.00 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>

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

NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT DEMOCRATIC PARTY OF ILLINOIS	DATE OF RECEIPT MM / DD / YYYY 10 / 02 / 2014	TOTAL AMOUNT TRANSFERRED 30713.68
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**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	30713.68
<b>Transaction ID : H3.36149</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	30713.68
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	30713.68

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Palmer House Hilton. Transaction ID: H4.35629. Allocated Activity or Event: Administrative. Date: 07/24/2014. Year-to-Date: 205737.08. Total Amount: 254.38.

Form B: Lake and Wells Parking. Transaction ID: H4.35630. Allocated Activity or Event: Administrative. Date: 07/30/2014. Year-to-Date: 225955.90. Total Amount: 16.00.

Form C: Potbelly. Transaction ID: H4.35625. Allocated Activity or Event: Administrative. Date: 08/22/2014. Year-to-Date: 284203.09. Total Amount: 12.38.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

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: 0.00, 0.00, 0.00.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Hotel Allegro. Transaction ID: H4.35628. Allocated Activity or Event: Administrative. Date: 08/23/2014. Total Amount: 213.31.

Form B: Lake and Wells Parking. Transaction ID: H4.35627. Allocated Activity or Event: Administrative. Date: 09/23/2014. Total Amount: 16.00.

Form C: Master Valet Parking. Transaction ID: H4.35594. Allocated Activity or Event: Administrative. Date: 09/29/2014. Total Amount: 22.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00.

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: 0.00, 0.00, 0.00.



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.35597</b> Kenny and Kenny, P.C.		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 1400 W. 47th Street		Allocated Activity or Event Year-To-Date 374869.53	
City State Zip Code La Grange IL 60525	Date <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Bookkeeping services	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="213.15"/>	<input type="text" value="801.85"/>	<input type="text" value="1015.00"/>	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.35609</b> ADP		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 P.O. Box 842854		Allocated Activity or Event Year-To-Date 375187.95	
City State Zip Code Boston MA 02284	Date <input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Payroll fee	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="66.87"/>	<input type="text" value="251.55"/>	<input type="text" value="318.42"/>	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.35610</b> ATT-Carol Stream		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 P.O. Box 5080		Allocated Activity or Event Year-To-Date 376061.23	
City State Zip Code Carol Stream IL 60197	Date <input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Telephone	Category/Type <input type="text"/>		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="183.39"/>	<input type="text" value="689.89"/>	<input type="text" value="873.28"/>	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="463.41"/>		<input type="text" value="1743.29"/>		<input type="text" value="2206.70"/>

**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 H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.35631</b> <b>CDW Direct</b>		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 200 North Milwaukee		Allocated Activity or Event Year-To-Date 383027.56	
City State Zip Code Vernon Hills IL 60061	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Printers		Allocated Activity or Event Year-To-Date 383027.56	
Activity or Event Identifier: <b>Administrative</b>		Date <input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
1462.93 + 5503.40 = 6966.33			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.35624</b> <b>Citi Cards</b>		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 Processing Center P.O. Box 688901		Allocated Activity or Event Year-To-Date 383539.63	
City State Zip Code Des Moines IA 50363	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: SEE CREDIT CARD BREAKDOWN-D		Allocated Activity or Event Year-To-Date 383539.63	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
107.53 + 404.54 = 512.07			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.35659</b> <b>Emily Wurth</b>		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 2267 Boysenberry Lane		Allocated Activity or Event Year-To-Date 383891.77	
City State Zip Code Springfield IL 62711	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Insurance spent <25% on FEA		Allocated Activity or Event Year-To-Date 383891.77	
Activity or Event Identifier: Administrative		Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
73.95 + 278.19 = 352.14			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1644.41		6186.13		7830.54

**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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Sarah Nelson, Transaction ID: H4.35730. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form B: Tim Mapes, Transaction ID: H4.35741. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form C: Kathy Murray, Transaction ID: H4.35742. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2045.14, 7693.68, 9738.82.

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 currently blank.

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.35752</b> <b>Emily Wurth</b>		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 2267 Boysenberry Lane		Allocated Activity or Event Year-To-Date 396611.93	
City Springfield State IL Zip Code 62711	Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Wages spent < 25% on FEA	Category/Type		
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="626.08"/>	<input type="text" value="2355.26"/>	<input type="text" value="2981.34"/>	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.36224</b> <b>Internal Revenue Service</b>		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 Department of the Treasury		Allocated Activity or Event Year-To-Date 397552.67	
City Kansas City State MO Zip Code 64999	Date <input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Payroll taxes spent < 25% on FEA	Category/Type		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="197.56"/>	<input type="text" value="743.18"/>	<input type="text" value="940.74"/>	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.35753</b> <b>ATT-Carol Stream</b>		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 P.O. Box 5080		Allocated Activity or Event Year-To-Date 397833.51	
City Carol Stream State IL Zip Code 60197	Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: Telephone	Category/Type		
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
<input type="text" value="58.98"/>	<input type="text" value="221.86"/>	<input type="text" value="280.84"/>	

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="882.62"/>		<input type="text" value="3320.30"/>		<input type="text" value="4202.92"/>

**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 H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.35754</b> <b>Perkins Coie</b>		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 607 Fourteenth Street N.W.		Allocated Activity or Event Year-To-Date 413620.51	
City State Zip Code Washington DC 20005	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Legal			
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE	+	NONFEDERAL SHARE	=
3315.27		12471.73	=
		TOTAL AMOUNT	15787.00

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.35755</b> <b>ATT-Carol Stream</b>		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 P.O. Box 5080		Allocated Activity or Event Year-To-Date 413665.51	
City State Zip Code Carol Stream IL 60197	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Telephone			
Activity or Event Identifier: Administrative			
FEDERAL SHARE	+	NONFEDERAL SHARE	=
9.45		35.55	=
		TOTAL AMOUNT	45.00

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.35762</b> <b>Sheraton Chicago Hotel and Towers</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" 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 301 East North Water Street		Allocated Activity or Event Year-To-Date 195248.62	
City State Zip Code Chicago IL 60611	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Hall for fundraiser			
Activity or Event Identifier: 2014 Fall Event 09-23-14(09/23/2014)			
FEDERAL SHARE	+	NONFEDERAL SHARE	=
5018.84		30830.02	=
		TOTAL AMOUNT	35848.86

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8343.56		43337.30		51680.86

**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
13490.14	62698.26	76188.40

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

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

NAME OF ACCOUNT Democratic Party of IL Non Federal	DATE OF RECEIPT M M / D D / Y Y Y Y Y Y 10 / 01 / 2014	TOTAL AMOUNT TRANSFERRED 782902.46
---	--	---------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.35802
VOTER REGISTRATION		
i) <b>Voter Registration</b> Total Amount Transferred for Voter Registration.....	0.00	
VOTER ID		
ii) <b>Voter ID</b> Total Amount Transferred for Voter ID .....	0.00	
GOTV		
iii) <b>GOTV</b> Total Amount Transferred for GOTV .....	0.00	
GENERIC CAMPAIGN ACTIVITY		
iv) <b>Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity .....	782902.46	

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER	
VOTER REGISTRATION	
i) <b>Voter Registration</b> Total Amount Transferred for Voter Registration.....	0.00
VOTER ID	
ii) <b>Voter ID</b> Total Amount Transferred for Voter ID .....	0.00
GOTV	
iii) <b>GOTV</b> Total Amount Transferred for GOTV .....	0.00
GENERIC CAMPAIGN ACTIVITY	
iv) <b>Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity .....	782902.46

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	0.00
TOTAL This Period (Voter ID) .....	0.00
TOTAL This Period (GOTV).....	0.00
TOTAL This Period (Generic Campaign Activity).....	782902.46
TOTAL This Period (Total Amount of Transfers Received).....	782902.46

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Edwardsville</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35600</b>			Allocated Activity or Event Year-To-Date <input type="text" value="992605.77"/>			
Mailing Address 132 N. Kansas			Date <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>			
City	State	Zip Code	Category/Type			
Edwardsville	IL	62025	<input type="text"/>			
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="315.00"/>			<input type="text" value="1185.00"/>			<input type="text" value="1500.00"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Rock Island</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35601</b>			Allocated Activity or Event Year-To-Date <input type="text" value="994105.77"/>			
Mailing Address 2633 11th Street			Date <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>			
City	State	Zip Code	Category/Type			
Rock Island	IL	61201	<input type="text"/>			
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="315.00"/>			<input type="text" value="1185.00"/>			<input type="text" value="1500.00"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Belleville</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35633</b>			Allocated Activity or Event Year-To-Date <input type="text" value="996105.77"/>			
Mailing Address 120 W. Washington Street			Date <input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>			
City	State	Zip Code	Category/Type			
Belleville	IL	62220	<input type="text"/>			
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="420.00"/>			<input type="text" value="1580.00"/>			<input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="1050.00"/>			<input type="text" value="3950.00"/>			<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
<input type="text"/>			<input type="text"/>			<input type="text"/>
<b>TOTAL</b> This Period for the Levin Share						
			<input type="text"/>			

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Champaign</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35636</b>			Allocated Activity or Event Year-To-Date <input type="text" value="996505.77"/>			
Mailing Address    2001 N. Mattis Avenue			Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>			
City	State	Zip Code	Category/Type			
Champaign	IL	61821	<input type="text"/>			
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="84.00"/>			<input type="text" value="316.00"/>			<input type="text" value="400.00"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Edwardsville</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35637</b>			Allocated Activity or Event Year-To-Date <input type="text" value="997105.77"/>			
Mailing Address    132 N. Kansas			Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>			
City	State	Zip Code	Category/Type			
Edwardsville	IL	62025	<input type="text"/>			
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="126.00"/>			<input type="text" value="474.00"/>			<input type="text" value="600.00"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Peoria</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35638</b>			Allocated Activity or Event Year-To-Date <input type="text" value="997605.77"/>			
Mailing Address    95 State Street			Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>			
City	State	Zip Code	Category/Type			
Peoria	IL	61601	<input type="text"/>			
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="105.00"/>			<input type="text" value="395.00"/>			<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text" value="315.00"/>			<input type="text" value="1185.00"/>			<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
<input type="text"/>			<input type="text"/>			<input type="text"/>
<b>TOTAL</b> This Period for the Levin Share						
			<input type="text"/>			

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Rockford</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35639</b>			Allocated Activity or Event Year-To-Date 998355.77			
Mailing Address 5225 Harrison Avenue			Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>			
City	State	Zip Code	<input type="text"/>	Category/ Type		
Rockford	IL	61125				
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
157.50			592.50			750.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Rock Island</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.36222</b>			Allocated Activity or Event Year-To-Date 1000355.77			
Mailing Address 2633 11th Street			Date <input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>			
City	State	Zip Code	<input type="text"/>	Category/ Type		
Rock Island	IL	61201				
Purpose of Disbursement Postage						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
420.00			1580.00			2000.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name <b>The Strategy Group, Inc.</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35643</b>			Allocated Activity or Event Year-To-Date 1466206.88			
Mailing Address 1603 Orrington Avenue Suite 1730			Date <input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>			
City	State	Zip Code	<input type="text"/>	Category/ Type		
Evanston	IL	60201				
Purpose of Disbursement Vote by mail - printing and production						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
97828.73			368022.38			465851.11

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
98406.23			370194.88			468601.11
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
<b>TOTAL</b> This Period for the Levin Share						

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-East St. Louis</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35757</b>			Allocated Activity or Event Year-To-Date 1466806.88			
Mailing Address 950 Missouri Avenue			Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>			
City East St. Louis	State IL	Zip Code 62201	Category/ Type			
Purpose of Disbursement Postage			Date			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
126.00			474.00			600.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Peoria</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35758</b>			Allocated Activity or Event Year-To-Date 1467306.88			
Mailing Address 95 State Street			Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>			
City Peoria	State IL	Zip Code 61601	Category/ Type			
Purpose of Disbursement Postage			Date			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
105.00			395.00			500.00

C. Full Name (Last, First, Middle Initial) / Full Organization Name <b>US Postmaster-Rockford</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : <b>H6.35759</b>			Allocated Activity or Event Year-To-Date 1467806.88			
Mailing Address 5225 Harrison Avenue			Date <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>			
City Rockford	State IL	Zip Code 61125	Category/ Type			
Purpose of Disbursement Postage			Date			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
105.00			395.00			500.00

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
336.00			1264.00			1600.00
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT		
100107.23		376593.88		476701.11		
<b>TOTAL</b> This Period for the Levin Share						

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL.35803

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF ILLINOIS		
NAME OF ACCOUNT Democratic Party of IL Non Federal		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	40000.00	40000.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	40000.00	40000.00
2. OTHER RECEIPTS .....	1533604.88	1533604.88
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	1573604.88	1573604.88
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 .....	782902.46	782902.46
(e) Total .....	782902.46	782902.46
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	782902.46	782902.46
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0.00	0.00
8. RECEIPTS ..... (from Line 3)	1573604.88	1573604.88
9. SUBTOTAL ..... (Add Lines 7 and 8)	1573604.88	1573604.88
10. DISBURSEMENTS ..... (From Line 6)	782902.46	782902.46
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	790702.42	790702.42

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Fred Eychaner**

Account : 18789

Mailing Address 1645 West Fullerton

City Chicago State IL Zip Code 60614

Name of Employer or Principal Place of Business

Best efforts

Occupation President

Date of Receipt

05 / 21 / 2014

Transaction ID : SASL1A.35846

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Bruce Sagan**

Account : 18789

Mailing Address 415 E. North Water # 1505

City Chicago State IL Zip Code 60611

Name of Employer or Principal Place of Business

Herald Newspaper

Occupation Journalist

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL1A.37988

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Leo A. Smith**

Account : 18789

Mailing Address 5348 N. Lakewood Avenue

City Chicago State IL Zip Code 60640-2209

Name of Employer or Principal Place of Business

Foundation Charter Prep

Occupation Teacher

Date of Receipt

08 / 18 / 2014

Transaction ID : SASL1A.35896

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Heather Stearns**

Account : 18789

Mailing Address 5348 N. Lakewood Avenue

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

IL General Assembly

Occupation State Senator

Date of Receipt

08 / 18 / 2014

Transaction ID : SASL1A.35894

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

40000.00

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

40000.00

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. 1528 Partners, LP**

Account : 18789

Mailing Address 1541 N. Wells Street

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

03 / 06 / 2014

Transaction ID : SASL2.35822

Amount of Each Receipt this Period

3300.00

Aggregate Year-to-Date

3300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. 1528 Partners, LP**

Account : 18789

Mailing Address 1541 N. Wells Street

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37992

Amount of Each Receipt this Period

2525.00

Aggregate Year-to-Date

5825.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. 1541/53 Partners, LP**

Account : 18789

Mailing Address 1541 N. Wells Street

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37993

Amount of Each Receipt this Period

2250.00

Aggregate Year-to-Date

2250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. 1541/53 Partners, LP**

Account : 18789

Mailing Address 1541 N. Wells Street

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37994

Amount of Each Receipt this Period

2450.00

Aggregate Year-to-Date

4700.00

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

10525.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Abbott House**

Account : 18789

Mailing Address 405 Central Avenue

City Highland Park State IL Zip Code 60035

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37995

Amount of Each Receipt this Period

3100.00

Aggregate Year-to-Date

3100.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

Account : 18789

Mailing Address 100 Abbott Park Rd.  
D312 AP6D-2

City Abbott Park State IL Zip Code 60064

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37942

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Administrative District Council 1 of Illinois**

Account : 18789

Mailing Address 660 N. Industrial Drive

City Elmhurst State IL Zip Code 60126

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36010

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. AFSCME Illinois council 31 PAC**

Account : 18789

Mailing Address 615 South Second Street

City Springfield State IL Zip Code 60605

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37996

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

24100.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. AGL Resources**

Account : 18789

Mailing Address P.O. Box 4569

City Atlanta State GA Zip Code 30302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2014

Transaction ID : SASL2.37943

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Albany Care, Inc.**

Account : 18789

Mailing Address 901 Maple

City Evanston State IL Zip Code 60202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2014

Transaction ID : SASL2.37944

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Albert F. Hofeld, Ltd. Inc.**

Account : 18789

Mailing Address 30 North LaSalle Street

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : SASL2.35897

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Alfred G. Ronan, Ltd.**

Account : 18789

Mailing Address 328 South Oak Park Avenue

City Oak Park State IL Zip Code 60302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.37919

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

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

16500.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Allen N. Schwartz, Ltd.**

Account : 18789

Mailing Address 60 West Randolph Street

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36074

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Alliance for Living, NFP**

Account : 18789

Mailing Address 1 Northfield Plaza

City Northfield State IL Zip Code 60093

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

03 / 06 / 2014

Transaction ID : SASL2.35824

Amount of Each Receipt this Period

3300.00

Aggregate Year-to-Date

3300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Alliance for Living, NFP**

Account : 18789

Mailing Address 1 Northfield Plaza

City Northfield State IL Zip Code 60093

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

03 / 06 / 2014

Transaction ID : SASL2.35825

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

4300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Altria Client Services, Inc.**

Account : 18789

Mailing Address 6601 West Broad Street

City Richmond State VA Zip Code 23230

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 12 / 2014

Transaction ID : SASL2.38029

Amount of Each Receipt this Period

7750.00

Aggregate Year-to-Date

7750.00

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

22050.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Ameren Illinois**

Account : 18789

Mailing Address P.O. Box 66892

City St. Louis State MO Zip Code 63166

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35899

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Ameren Illinois PAC**

Account : 18789

Mailing Address 200 W. Washington

City Springfield State IL Zip Code 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 14 / 2014

Transaction ID : SASL2.38039

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. American Council of IL Engineering Companies PAC**

Account : 18789

Mailing Address 5221 S. 6th Street

City Springfield State IL Zip Code 62703

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35860

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Anesi Ozmon Rodin Novak & Kohen, Ltd.**

Account : 18789

Mailing Address 161 North Clark

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 12 / 2014

Transaction ID : SASL2.38030

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

31000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Anheuser-Bush Cos., Inc.**

Account : 18789

Mailing Address One Busch Place

City St. Louis State MO Zip Code 63118

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
07 / 30 / 2014

Transaction ID : SASL2.35859

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Aptus Strategies**

Account : 18789

Mailing Address P.O. Box 53

City Chicago State IL Zip Code 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.37881

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Arab American Democratic Club**

Account : 18789

Mailing Address 10500 Southwest Highway

City Chicago Ridge State IL Zip Code 60415

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.37882

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Arlington Park Race Course**

Account : 18789

Mailing Address 2200 West Euclid Avenue

City Arlington Heights State IL Zip Code 60006

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2014

Transaction ID : SASL2.35958

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

20400.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Arnstein & Lehr**

Account : 18789

Mailing Address 120 South Riverside

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37883

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Associated Beer Distributors PAC**

Account : 18789

Mailing Address P.O. Box 396

City Springfield State IL Zip Code 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35901

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Association Management Resources**

Account : 18789

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 02 / 2014

Transaction ID : SASL2.35952

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Astellas Pharma US, Inc.**

Account : 18789

Mailing Address Three Parkway North

City Deerfield State IL Zip Code 60015

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37945

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

21300.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. AT & T Illinois Employee PAC**

Account : 18789

Mailing Address 225 West Randolph

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

Transaction ID : SASL2.38031

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. AT & T Services, Inc.**

Account : 18789

Mailing Address 225 West Randolph

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2014

Transaction ID : SASL2.35902

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Azavar Technologies**

Account : 18789

Mailing Address 234 South Wabash Avenue

City Chicago State IL Zip Code 60604

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2014

Transaction ID : SASL2.36046

Amount of Each Receipt this Period

8500.00

Aggregate Year-to-Date

8500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. B & D Hotel Corporation**

Account : 18789

Mailing Address 321 N. Central Avenue

City Chicago State IL Zip Code 60644

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

Transaction ID : SASL2.35826

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

29500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. B & D Hotel Corporation**

Account : 18789

Mailing Address 321 N. Central Avenue

City Chicago State IL Zip Code 60644

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37946

Amount of Each Receipt this Period

7002.24

Aggregate Year-to-Date

8002.24

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Bayside Terrace**

Account : 18789

Mailing Address 1100 South Lewis Avenue

City Waukegan State IL Zip Code 60085

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37997

Amount of Each Receipt this Period

4875.00

Aggregate Year-to-Date

4875.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Belmont Nursing Home, Inc.**

Account : 18789

Mailing Address 1936 W. Belmont Avenue

City Chicago State IL Zip Code 60657

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 12 / 2014

Transaction ID : SASL2.38032

Amount of Each Receipt this Period

1785.00

Aggregate Year-to-Date

1785.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Blatt, Hasenmiller,Leibsker & Moore LLC**

Account : 18789

Mailing Address 125 S. Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36113

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

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

15662.24

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Blitt & Gaines, P.C.**

Account : 18789

Mailing Address 661 Glenn Avenue

City State Zip Code  
Wheeling IL 60090

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 20 2014

Transaction ID : SASL2.36115

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Boilermakers-Blacksmith Local 1 PAC**

Account : 18789

Mailing Address 2941 South Archer Avenue

City State Zip Code  
Chicago IL 60608

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 29 2014

Transaction ID : SASL2.35932

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Brandon Phelps for State Representative**

Account : 18789

Mailing Address P.O. Box 401

City State Zip Code  
Harrisburg IL 62946

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2014

Transaction ID : SASL2.36069

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Bristol-Myers Squibb Company**

Account : 18789

Mailing Address P.O. Box 25277

City State Zip Code  
Tampa FL 33622

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2014

Transaction ID : SASL2.37885

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

18000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Bryn Mawr Care, Inc.**

Account : 18789

Mailing Address 5547 North Kenmore

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37947

Amount of Each Receipt this Period

5065.00

Aggregate Year-to-Date

5065.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Burke Burns & Pinelli, Ltd.**

Account : 18789

Mailing Address 70 W. Madison Street

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37886

Amount of Each Receipt this Period

450.00

Aggregate Year-to-Date

450.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Cable Television and Communications Assn PAC**

Account : 18789

Mailing Address P.O. Box 20098

City Springfield State IL Zip Code 62708

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 14 / 2014

Transaction ID : SASL2.36033

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Cagwood Consulting**

Account : 18789

Mailing Address 345 Bloom Street

City Highland Park State IL Zip Code 60035

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37887

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

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

15665.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Car Max Auto Superstores, Inc.**

Account : 18789

Mailing Address 12800 Tuckahoe Creek Parkway

City Richmond State VA Zip Code 23238

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35864

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Car of Illinois**

Account : 18789

Mailing Address P.O. Box 3045

City Springfield State IL Zip Code 62708

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36117

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Carol Ammons for State Representative**

Account : 18789

Mailing Address P.O. Box 53

City Urbana State IL Zip Code 61803-0053

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37880

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Carpenter Lipps & Leland LLP**

Account : 18789

Mailing Address 280 N. High Street

City Columbus State OH Zip Code 43215

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37998

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

3800.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Cates Mahoney, LLC**

Account : 18789

Mailing Address 216 West Pointe Drive

City Swansea State IL Zip Code 62226

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38014

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Cavanagh Law Group**

Account : 18789

Mailing Address 161 N. Clark Street

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37949

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. CENTENE CORPORATION POLITICAL ACTION COMMITTEE (CENTENE PAC)**

Account : 18789

Mailing Address CENTENE PLAZA 7700 FORSYTH BLVD.

City ST. LOUIS State MO Zip Code 63105

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.37999

Amount of Each Receipt this Period

450.00

Aggregate Year-to-Date

450.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Chapman & Cutler**

Account : 18789

Mailing Address 111 West Monroe

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.38000

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

20450.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Chicago & Cook County Building & Construction Trades PAC**

Account : 18789

Mailing Address 150 N. Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35904

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Chicago Federation of Labor & IUC Political Fund**

Account : 18789

Mailing Address 130 E. Randolph

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

01 / 20 / 2014

Transaction ID : SASL2.35805

Amount of Each Receipt this Period

7600.00

Aggregate Year-to-Date

7600.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Chicago Fire Fighters Union Local 2 PCF**

Account : 18789

Mailing Address 440 West 43rd Street

City Chicago State IL Zip Code 60609

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36012

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Chicago Investments, Inc.**

Account : 18789

Mailing Address 1541 N. Wells Street

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.38002

Amount of Each Receipt this Period

2250.00

Aggregate Year-to-Date

2250.00

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

17350.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Chicago Investments II, LP**

Account : 18789

Mailing Address 1541 N. Wells Street

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.38001

Amount of Each Receipt this Period

2250.00

Aggregate Year-to-Date

2250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Chicago Journeymen Plumbers 130 Pol. Fund**

Account : 18789

Mailing Address 1340 West Washington

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 09 / 2014

Transaction ID : SASL2.36000

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Chicagoland Apartment Association PAC**

Account : 18789

Mailing Address 557 W. Randolph

City Chicago State IL Zip Code 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36120

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Chicago Land Operators Joint Labor-Management PAC**

Account : 18789

Mailing Address 6200 Joliet Road

City Countryside State IL Zip Code 60525

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38015

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

23250.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Chicagoland Speedway, LLC**

Account : 18789

Mailing Address 500 Speedway Blvd.

City State Zip Code  
Joliet IL 60433

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 03 2014

Transaction ID : SASL2.38003

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Chicago Teachers Union PAC**

Account : 18789

Mailing Address 222 Merchandise Mart Plaza

City State Zip Code  
Chicago IL 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 20 2014

Transaction ID : SASL2.36119

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Citizens for Beiser**

Account : 18789

Mailing Address 2206 Krug Place

City State Zip Code  
Alton IL 62002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2014

Transaction ID : SASL2.36055

Amount of Each Receipt this Period

8000.00

Aggregate Year-to-Date

8000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Citizens for Cassidy**

Account : 18789

Mailing Address 5539 N. Broadway

City State Zip Code  
Chicago IL 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 01 2014

Transaction ID : SASL2.37974

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

3500.00

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

17500.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens for Cynthia Soto**

Account : 18789

Mailing Address 4801 West Peterson

City Chicago State IL Zip Code 60646

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36020

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Citizens for Edward Acevedo**

Account : 18789

Mailing Address 2334 W. 23rd Place

City Chicago State IL Zip Code 60608

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36073

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Citizens for Elaine Nekritz**

Account : 18789

Mailing Address The Court of Island Point

City Northbrook State IL Zip Code 60062

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36096

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Citizens for Elizabeth Hernandez**

Account : 18789

Mailing Address 2137 S. Lombard Avenue  
Suite 204

City Cicero State IL Zip Code 60804

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37901

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

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

23000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens for Esther Golar**

Account : 18789

Mailing Address P.O. Box 1214

City State Zip Code  
Chicago IL 60690

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 14 2014

Transaction ID : SASL2.36038

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Citizens for Fred Crespo**

Account : 18789

Mailing Address P.O. Box 95628

City State Zip Code  
Hoffman Estates IL 60169

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2014

Transaction ID : SASL2.36058

Amount of Each Receipt this Period

7000.00

Aggregate Year-to-Date

7000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Citizens for Gregory Harris**

Account : 18789

Mailing Address 5359 N. Magnolia

City State Zip Code  
Chicago IL 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2014

Transaction ID : SASL2.36061

Amount of Each Receipt this Period

8000.00

Aggregate Year-to-Date

8000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Citizens for James D. Brosnahan**

Account : 18789

Mailing Address P.O. Box 718

City State Zip Code  
Oak Lawn IL 60453

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : SASL2.37930

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

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

17500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens for Jesse White**

Account : 18789

Mailing Address 134 N. LaSalle  
Suite 60602

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 16 / 2014

Transaction ID : SASL2.36052

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Citizens for Lisa Madigan**

Account : 18789

Mailing Address 500 N. Dearborn, Suite 510

City Chicago State IL Zip Code 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 27 / 2014

Transaction ID : SASL2.35931

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Citizens for Lou Lang**

Account : 18789

Mailing Address P.O. Box 1815

City Skokie State IL Zip Code 60076

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : SASL2.37983

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Citizens for Luis Arroyo, Jr.**

Account : 18789

Mailing Address P.O. Box 478091

City Chicago State IL Zip Code 60647

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.37884

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

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

30150.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens for Marcus C. Evans**

Account : 18789

Mailing Address 8539 S. Cottage Grove Avenue

City Chicago State IL Zip Code 60619

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36088

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Citizens for Maria A. Berrios**

Account : 18789

Mailing Address 33 N. LaSalle

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36078

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Citizens for Maria Spyropoulos**

Account : 18789

Mailing Address 180 N. LaSalle

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35889

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Citizens for Susan Garrett**

Account : 18789

Mailing Address 1181 Melody Road

City Lake Forest State IL Zip Code 60045

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35911

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

10000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Citizens to Elect LaShawn Ford**

Account : 18789

Mailing Address 5104 W. Chicago Avenue

City Chicago State IL Zip Code 60651

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37977

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Civiltech Engineering, Inc.**

Account : 18789

Mailing Address 450 E. Devon Avenue

City Itasca State IL Zip Code 60143

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35866

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Clayton Residential Home, Inc.**

Account : 18789

Mailing Address 2026 North Clark Street

City Chicago State IL Zip Code 60614

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37950

Amount of Each Receipt this Period

6877.20

Aggregate Year-to-Date

6877.20

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Clifford Law Offices**

Account : 18789

Mailing Address 120 N. LaSalle, Fl 31

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37951

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

26877.20

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name  
**A. CNA Continental Casualty Company**

Account : 18789

Mailing Address 333 S. Wabash Avenue

City Chicago State IL Zip Code 60604

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
09 / 25 / 2014  
Transaction ID : SASL2.37888

Amount of Each Receipt this Period  
2500.00

Aggregate Year-to-Date  
2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**B. Comcast Financial Agency Corporation**

Account : 18789

Mailing Address 1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
09 / 19 / 2014  
Transaction ID : SASL2.36080

Amount of Each Receipt this Period  
10000.00

Aggregate Year-to-Date  
10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**C. Committee for Frank J. Mautino**

Account : 18789

Mailing Address P.O. Box 36

City Spring Valley State IL Zip Code 61362

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
09 / 19 / 2014  
Transaction ID : SASL2.36094

Amount of Each Receipt this Period  
3000.00

Aggregate Year-to-Date  
3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**D. Committee to Elect Robert J. Lovero**

Account : 18789

Mailing Address 6536 W. Cermak

City Berwyn State IL Zip Code 60402

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
09 / 20 / 2014  
Transaction ID : SASL2.36131

Amount of Each Receipt this Period  
1000.00

Aggregate Year-to-Date  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 16500.00

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

**SCHEDULE L-A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Committee to Re-elect Chuck Jefferson**

Account : 18789

Mailing Address 1731 Montague Street

City State Zip Code  
Rockford IL 61102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2014

Transaction ID : SASL2.35811

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Commonwealth Edison**

Account : 18789

Mailing Address 100 Constellation Way

City State Zip Code  
Baltimore MD 21202

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

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

Transaction ID : SASL2.36002

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Community Banc Pac**

Account : 18789

Mailing Address 901 Community Drive

City State Zip Code  
Springfield IL 62703

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2014

Transaction ID : SASL2.35960

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Community Health PAC, Inc.**

Account : 18789

Mailing Address 3013 Red Bud Lane

City State Zip Code  
Springfield IL 62712

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37889

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

14500.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Conlon & Dunn Public Strategies, Inc.**

Account : 18789

Mailing Address 1 East Wacker Drive

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37890

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Construction & General Laborers Dist. Council PAEL**

Account : 18789

Mailing Address 999 McClintock Drive

City Burr Ridge State IL Zip Code 60527

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 17 / 2014

Transaction ID : SASL2.36057

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Continental Airlines**

Account : 18789

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 14 / 2014

Transaction ID : SASL2.38040

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Cook-Witter, Inc.**

Account : 18789

Mailing Address 225 E. Cook Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37891

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

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

11800.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Cook County College Teachers Union - COPE**

Account : 18789

Mailing Address 208 West Kinzie

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35962

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Cooney & Conway**

Account : 18789

Mailing Address 120 N. LaSalle Street

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 14 / 2014

Transaction ID : SASL2.36035

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Corboy & Demetrio, P.C.**

Account : 18789

Mailing Address 33 North Dearborn

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37952

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Coy Pugh and Associates, LLC**

Account : 18789

Mailing Address 5821 S. Calumet

City Chicago State IL Zip Code 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37892

Amount of Each Receipt this Period

900.00

Aggregate Year-to-Date

900.00

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

23900.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name  
**A. Credit Union Political Action Council**  
 Account : 18789

Mailing Address 1807 Diehl Road

City Naperville State IL Zip Code 60566

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SASL2.35820**

Amount of Each Receipt this Period  
 5000.00

Aggregate Year-to-Date  
 5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**B. Credit Union Political Action Council**  
 Account : 18789

Mailing Address 1807 Diehl Road

City Naperville State IL Zip Code 60566

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014  
**Transaction ID : SASL2.35906**

Amount of Each Receipt this Period  
 5000.00

Aggregate Year-to-Date  
 10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**C. Crowe Horwarth, LLP**  
 Account : 18789

Mailing Address 320 East Jefferson Boulevard

City South Bend State IL Zip Code 46624

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014  
**Transaction ID : SASL2.35870**

Amount of Each Receipt this Period  
 1000.00

Aggregate Year-to-Date  
 1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**D. Cuda Law Offices**  
 Account : 18789

Mailing Address 6525 North Avenue, Suite 204

City Oak Park State IL Zip Code 60302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014  
**Transaction ID : SASL2.37893**

Amount of Each Receipt this Period  
 1000.00

Aggregate Year-to-Date  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Cullen, Inc.**

Account : 18789

Mailing Address 409 Jackson Parkway

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2014

Transaction ID : SASL2.35839

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Cullen Haskins Nicholson & Menchetti, PC**

Account : 18789

Mailing Address 10 s. LaSalle Street

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

Transaction ID : SASL2.38004

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Currie for State Representative**

Account : 18789

Mailing Address P.O. Box 377649

City Chicago State IL Zip Code 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2014

Transaction ID : SASL2.36084

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Dan Shomon, Inc.**

Account : 18789

Mailing Address 33 West Monroe, Suite 1050

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37894

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

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

18500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Decatur Manor Healthcare, LLC**

Account : 18789

Mailing Address 1016 W. Pershing

City Decatur State IL Zip Code 62526

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37953

Amount of Each Receipt this Period

4220.00

Aggregate Year-to-Date

4220.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. DENT IL PAC**

Account : 18789

Mailing Address 1010 South Second Street

City Springfield State IL Zip Code 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35907

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Development Specialists, Inc.**

Account : 18789

Mailing Address 70 West Madison

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36124

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. DeVry**

Account : 18789

Mailing Address 3005 Highland Parkway

City Downers Grove State IL Zip Code 60515

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37895

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

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

21720.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Dr. Pepper Snapple Group**

Account : 18789

Mailing Address 5301 Legacy Drive

City State Zip Code  
Plano TX 75024

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 03 2014

Transaction ID : SASL2.38005

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

250.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Dudley & Lake, LLC**

Account : 18789

Mailing Address 100 East Cook Ave, Fl 2

City State Zip Code  
Libertyville IL 60048

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 28 2014

Transaction ID : SASL2.37954

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Dunn Martin, Miller & Heathcock, Ltd.**

Account : 18789

Mailing Address 15 W. Jefferson, Suite 300

City State Zip Code  
Joliet IL 60432

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2014

Transaction ID : SASL2.37896

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Dykema Gossett**

Account : 18789

Mailing Address 400 Renaissance Center

City State Zip Code  
Detroit MI 48243

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2014

Transaction ID : SASL2.35872

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

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

15750.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Dynegy Administrative Services**

Account : 18789

Mailing Address 601 Travis, Suite 1400

City Houston State TX Zip Code 77002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2014

Transaction ID : SASL2.35807

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Dynegy Administrative Services**

Account : 18789

Mailing Address 601 Travis, Suite 1400

City Houston State TX Zip Code 77002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2014

Transaction ID : SASL2.38033

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Education Management, LLC**

Account : 18789

Mailing Address 210 Sixth Avenue

City Pittsburg State PA Zip Code 15222

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : SASL2.37976

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Elm Creek Property Management**

Account : 18789

Mailing Address 1000 Remington Blvd.

City Bolingbrook State IL Zip Code 60440

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2014

Transaction ID : SASL2.38006

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

12000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. EMS Midwest, LLC**

Account : 18789

Mailing Address 1401 Williams Boulevard

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37897

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Federation of Independent Illinois Colleges & Univ.**

Account : 18789

Mailing Address 1123 South 2nd Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2014

Transaction ID : SASL2.35934

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Field of Dreams Enterprises, LLC**

Account : 18789

Mailing Address 350 N. Clark Street

City Chicago State IL Zip Code 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37898

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Fletcher, O'Brien, Kasper & Nottage, PC**

Account : 18789

Mailing Address 222 North LaSalle

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2014

Transaction ID : SASL2.36014

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

9000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Foresight Energy Services**

Account : 18789

Mailing Address 211 N. Broadway

City St. Louis State MO Zip Code 63102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

Transaction ID : SASL2.37899

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Freeborn & Peters**

Account : 18789

Mailing Address 311 S. Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2014

Transaction ID : SASL2.35874

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Freedman Anselmo Lindberg, LLC**

Account : 18789

Mailing Address 1807 W. Diehl Road

City Naperville State IL Zip Code 60566

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2014

Transaction ID : SASL2.36126

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friedman Properties, Ltd.**

Account : 18789

Mailing Address 350 N. Clark

City Chicago State IL Zip Code 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

Transaction ID : SASL2.35909

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

15500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends for Larry Walsh**

Account : 18789

Mailing Address P.O. Box 69

City Elwood State IL Zip Code 60421

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37971

Amount of Each Receipt this Period

9000.00

Aggregate Year-to-Date

9000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends for Monique Davis**

Account : 18789

Mailing Address P.O. Box 43637

City Chicago State IL Zip Code 60643

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36122

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends for Monique Davis**

Account : 18789

Mailing Address P.O. Box 43637

City Chicago State IL Zip Code 60643

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37932

Amount of Each Receipt this Period

9000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends for State Rep. Anthony DeLuca**

Account : 18789

Mailing Address 66 East 24th Street

City Chicago Heights State IL Zip Code 60411

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37975

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

29000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends for Verschoore**

Account : 18789

Mailing Address 4600 46th

City State Zip Code  
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 19 2014

Transaction ID : SASL2.36105

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Ann M. Williams**

Account : 18789

Mailing Address 4064 N. Lincoln Avenue

City State Zip Code  
Chicago IL 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 19 2014

Transaction ID : SASL2.36109

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of Camille Lilly**

Account : 18789

Mailing Address 7115 W. North Avenue

City State Zip Code  
Oak Park IL 60302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 14 2014

Transaction ID : SASL2.38042

Amount of Each Receipt this Period

8000.00

Aggregate Year-to-Date

8000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Christian Mitchell**

Account : 18789

Mailing Address P.O. Box 805167

City State Zip Code  
Chicago IL 60680

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2014

Transaction ID : SASL2.37911

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

38000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Emily Klunk-McAsey**

Account : 18789

Mailing Address 920 S. State Street

City Lockport State IL Zip Code 60441

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SASL2.36065

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Frank Zuccarelli**

Account : 18789

Mailing Address P.O. Box 115

City South Holland State IL Zip Code 60473

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2014

Transaction ID : SASL2.35815

Amount of Each Receipt this Period

8500.00

Aggregate Year-to-Date

8500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of Frerichs**

Account : 18789

Mailing Address 45 E. University

City Champaign State IL Zip Code 61820

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : SASL2.35891

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Jaime Andrade, Jr.**

Account : 18789

Mailing Address 3655 N. Kedzie Avenue

City Chicago State IL Zip Code 60618

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SASL2.36076

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

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

27000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Jehan Gordon**

Account : 18789

Mailing Address P.O. Box 6591

City Peoria State IL Zip Code 61601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36089

Amount of Each Receipt this Period

7000.00

Aggregate Year-to-Date

7000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Jerry Costello**

Account : 18789

Mailing Address P.O. Box 186

City Smithton State IL Zip Code 62285

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36082

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of John Bradley**

Account : 18789

Mailing Address P.O. Drawer 488

City Marion State IL Zip Code 62969

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37929

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of John D'Amico**

Account : 18789

Mailing Address 4406 W. Lawrence

City Chicago State IL Zip Code 60630

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 14 / 2014

Transaction ID : SASL2.36036

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

37000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Kelly Burke**

Account : 18789

Mailing Address 9543 Central Park Avenue

City State Zip Code  
Evergreen Park IL 60805

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 28 2014

Transaction ID : SASL2.37948

Amount of Each Receipt this Period

7000.00

Aggregate Year-to-Date

7000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Laura for State Rep.**

Account : 18789

Mailing Address 1700 Constitution Drive

City State Zip Code  
Glenview IL 60026

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : SASL2.37933

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of Linda Chapa Lavia**

Account : 18789

Mailing Address 149 S. Fourth Street

City State Zip Code  
Aurora IL 60505

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2014

Transaction ID : SASL2.37931

Amount of Each Receipt this Period

4000.00

Aggregate Year-to-Date

4000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Luis Arroyo**

Account : 18789

Mailing Address P.O. Box 47354

City State Zip Code  
Chicago IL 60647

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2014

Transaction ID : SASL2.36053

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

23500.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Mary E. Flowers**

Account : 18789

Mailing Address 7712 S. Paulina

City Chicago State IL Zip Code 60620

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 17 / 2014

Transaction ID : SASL2.36060

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends of Michael Alvarez**

Account : 18789

Mailing Address 6120 N. Kirkwood Avenue

City Chicago State IL Zip Code 60646

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37928

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Friends of Robert 'Bob' Rita**

Account : 18789

Mailing Address 2030 High Street

City Blue Island State IL Zip Code 60406

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36098

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Friends of Robert Martwick**

Account : 18789

Mailing Address P.O. Box 64298

City Chicago State IL Zip Code 60664

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36092

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

20500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Friends of Tabares**

Account : 18789

Mailing Address 7027 W. Archer Avenue

City Chicago State IL Zip Code 60638

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SASL2.36101

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Friends to Elect Kathleen Willis**

Account : 18789

Mailing Address 611 Holly Court

City Addison State IL Zip Code 60101

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SASL2.36111

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Account : 18789

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2014

Transaction ID : SASL2.38034

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Globetrotters Engineering Corporation**

Account : 18789

Mailing Address 300 South Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : SASL2.35913

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

17500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Goldberg Weisman & Cairo, Ltd.**

Account : 18789

Mailing Address One E. Wacker Drive

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38016

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Good Government Council**

Account : 18789

Mailing Address 241 North Fifth Street

City Springfield State IL Zip Code 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 29 / 2014

Transaction ID : SASL2.35936

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Gori, Julian & Associates**

Account : 18789

Mailing Address 156 N. Main Street

City Edwardsville State IL Zip Code 62025

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 14 / 2014

Transaction ID : SASL2.36040

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Grain & Feed Legislative Council**

Account : 18789

Mailing Address 3521 Hollis Drive

City Springfield State IL Zip Code 62711

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37955

Amount of Each Receipt this Period

200.00

Aggregate Year-to-Date

200.00

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

21200.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Grasmere Place, LLC**

Account : 18789

Mailing Address 4621 North Sheridan Road

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37956

Amount of Each Receipt this Period

3750.00

Aggregate Year-to-Date

3750.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Grasmere Place, LLC**

Account : 18789

Mailing Address 4621 North Sheridan Road

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37957

Amount of Each Receipt this Period

6250.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Greenwood Care, Inc.**

Account : 18789

Mailing Address 1406 North Chicago Avenue

City Evanston State IL Zip Code 60201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37958

Amount of Each Receipt this Period

4190.00

Aggregate Year-to-Date

4190.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Hawthorne Race Course, Inc.**

Account : 18789

Mailing Address 3501 South Laramie Avenue

City Cicero State IL Zip Code 60804

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37934

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

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

14690.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Health Care Service Corporation Employees PAC**

Account : 18789

Mailing Address 300 East Randolph

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : SASL2.35851

Amount of Each Receipt this Period

5300.00

Aggregate Year-to-Date

5300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Heat & Frost Local 17 PAC**

Account : 18789

Mailing Address 18520 Spring Creek Drive

City Tinley Park State IL Zip Code 60477

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2014

Transaction ID : SASL2.35964

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Heplerbroom, LLC**

Account : 18789

Mailing Address 130 N. Main Street

City Edwardsville State IL Zip Code 62025

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.37900

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Herbalife**

Account : 18789

Mailing Address 990 West 490 Street

City Torrance State CA Zip Code 90502

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2014

Transaction ID : SASL2.38041

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

17300.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Horwitz Horwitz & Associates, Ltd.**

Account : 18789

Mailing Address 25 East Washington

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37959

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Houlihan Campaign Fund**

Account : 18789

Mailing Address 2409 Country Club Drive

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 16 / 2014

Transaction ID : SASL2.36048

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Houlihan Campaign Fund**

Account : 18789

Mailing Address 2409 Country Club Drive

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38026

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Howard Kenner Government Consulting**

Account : 18789

Mailing Address 727 East 60th Street

City Chicago State IL Zip Code 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 29 / 2014

Transaction ID : SASL2.35938

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

21000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Humana**

Account : 18789

Mailing Address P.O. Box 740083

City State Zip Code  
Louisville KY 40201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

Transaction ID : SASL2.37978

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Hurley McKenna & Mertz, PC**

Account : 18789

Mailing Address 33 N. Dearborn St. Ste 1430

City State Zip Code  
Chicago IL 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 19 2014

Transaction ID : SASL2.36091

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Iberdrola Renewables, Inc.**

Account : 18789

Mailing Address 1125 NW Couch

City State Zip Code  
Portland OR 97209

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 08 2014

Transaction ID : SASL2.38017

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. IBEW LOCAL 364**

Account : 18789

Mailing Address 6820 Mill Road

City State Zip Code  
Rockford IL 61108

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2014

Transaction ID : SASL2.35875

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

15500.00

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

**SCHEDULE L-A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. IBEW Local 701 PAC**

Account : 18789

Mailing Address 28600 Bella Vista Parkway

City Warrenville State IL Zip Code 60555

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2014

Transaction ID : SASL2.35965

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. IBEW PAC VOLUNTARY FUND**

Account : 18789

Mailing Address 900 Seventh Street N.W.

City Washington State DC Zip Code 20001

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2014

Transaction ID : SASL2.36128

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. ICAP-PAC**

Account : 18789

Mailing Address 303 East Wacker Drive

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : SASL2.35940

Amount of Each Receipt this Period

6500.00

Aggregate Year-to-Date

6500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. ICMOA PAC**

Account : 18789

Mailing Address 3201 Old Jacksonville Road

City Springfield State IL Zip Code 62711

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2014

Transaction ID : SASL2.38035

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

31500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois American Water Company PAC**

Account : 18789

Mailing Address 100 N. Water Works Drive

City State Zip Code  
Belleville IL 62223

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2014

Transaction ID : SASL2.35915

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Association of Fire Protection Districts Legislative PAC**

Account : 18789

Mailing Address 10 S. Addison Road

City State Zip Code  
Addison IL 60101

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2014

Transaction ID : SASL2.35917

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois CPA's for Political Action**

Account : 18789

Mailing Address 550 West Jackson

City State Zip Code  
Chicago IL 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
02 18 2014

Transaction ID : SASL2.35817

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois CPA's for Political Action**

Account : 18789

Mailing Address 550 West Jackson

City State Zip Code  
Chicago IL 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
06 18 2014

Transaction ID : SASL2.35850

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

10000.00

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

12500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Dermatology PAC**

Account : 18789

Mailing Address 10 W. Phillip Road

City State Zip Code  
Vernon Hills IL 60061

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2014

Transaction ID : SASL2.36016

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Energy Association**

Account : 18789

Mailing Address 1 W. Old State Capitol Plaza

City State Zip Code  
Springfield IL 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : SASL2.37979

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Film PAC**

Account : 18789

Mailing Address 15301 Ventura Boulevard

City State Zip Code  
Sherman Oaks CA 91403

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : SASL2.37935

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Fire Sprinkler Contractors PAC**

Account : 18789

Mailing Address 62 Orland Square Drive

City State Zip Code  
Orland Park IL 60462

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37902

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

250.00

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

10250.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

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 (check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Harness Horsemen PAC**

Account : 18789

Mailing Address 15 Spinning Wheel Road

City Hinsdale State IL Zip Code 60521

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35967

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Health Care Association PAC**

Account : 18789

Mailing Address 1029 South 4th Street

City Springfield State IL Zip Code 62703

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.38007

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Hospital Association PAC**

Account : 18789

Mailing Address 700 South Second Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35919

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Insurance Political Committee**

Account : 18789

Mailing Address 217 East Monroe Street

City Springfield State IL Zip Code 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 29 / 2014

Transaction ID : SASL2.35942

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

17000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Land Title Association, PAC**

Account : 18789

Mailing Address 225 East Cook Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37903

Amount of Each Receipt this Period

450.00

Aggregate Year-to-Date

450.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois League of Financial Institutions PEC**

Account : 18789

Mailing Address 133 South 4th Street

City Springfield State IL Zip Code 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37980

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Medical Eye PAC**

Account : 18789

Mailing Address 10 West Philip Road

City Vernon Hills State IL Zip Code 60061

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35969

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Normal**

Account : 18789

Mailing Address 1321 N. Milwaukee Avenue

City Chicago State IL Zip Code 60622

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37904

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

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

4100.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Occupational Therapists PAC**

Account : 18789

Mailing Address 5038 N. Winthrop Avenue

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37960

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Optometric Association PAC**

Account : 18789

Mailing Address 304 W. Washington Street

City Springfield State IL Zip Code 62701

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35876

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Pipe Trades PAC**

Account : 18789

Mailing Address 534 S. 2nd Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 09 / 2014

Transaction ID : SASL2.36004

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Pipe Trades PAC**

Account : 18789

Mailing Address 534 S. 2nd Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 12 / 2014

Transaction ID : SASL2.38036

Amount of Each Receipt this Period

2600.00

Aggregate Year-to-Date

12600.00

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

22750.00

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

**SCHEDULE L-A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Podiatric Medical Assn. PAC**

Account : 18789

Mailing Address P.O. Box 251

City Springfield State IL Zip Code 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37981

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Restaurateurs PAC**

Account : 18789

Mailing Address 33 W. Monroe Street

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

01 / 21 / 2014

Transaction ID : SASL2.35809

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Illinois Society for Advanced Practice Nursing PAC**

Account : 18789

Mailing Address P.O. Box 636

City Manteno State IL Zip Code 60950

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35971

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Illinois Surgical Assistant Association**

Account : 18789

Mailing Address 9211 Waterfall Glen Boulevard

City Darien State IL Zip Code 60561

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37905

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

250.00

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

12750.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Illinois Trial Lawyers Association PAC**

Account : 18789

Mailing Address 401 West Edwards Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SASL2.36006

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Illinois Veterinary Medical PAC**

Account : 18789

Mailing Address 2722 North Vermilion

City Danville State IL Zip Code 61832

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2014

Transaction ID : SASL2.35973

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. INA PAC**

Account : 18789

Mailing Address 107 West Cook Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 29 / 2014

Transaction ID : SASL2.35944

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Independent Finance PAC**

Account : 18789

Mailing Address 4410 N. Ravenswood

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2014

Transaction ID : SASL2.38008

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

13000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Inland Real Estate Group, Inc.**

Account : 18789

Mailing Address 2901 Butterfield Road

City State Zip Code  
Oak Brook IL 60523

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2014

Transaction ID : SASL2.37906

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Intren**

Account : 18789

Mailing Address 18202 West Union Road

City State Zip Code  
Union IL 60180

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 08 2014

Transaction ID : SASL2.38018

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Invenergy, LLC**

Account : 18789

Mailing Address One S. Wacker Drive

City State Zip Code  
Chicago IL 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 03 2014

Transaction ID : SASL2.38009

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Ironworkers Local 1 PAL Fund**

Account : 18789

Mailing Address 7720 Industrial Drive

City State Zip Code  
Forest Park IL 60130

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 20 2014

Transaction ID : SASL2.36129

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

7650.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Ironworkers Local 63 IPAL Fund**

Account : 18789

Mailing Address 2525 West Lexington

City Broadview State IL Zip Code 60153

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35877

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. John C. Corrigan & Associates, LLC**

Account : 18789

Mailing Address 20 South Clark

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35868

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. John McCabe & Associates**

Account : 18789

Mailing Address 7133 W. Higgins Avenue

City Chicago State IL Zip Code 60656

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37907

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. JP Morgan Chase & Company PAC**

Account : 18789

Mailing Address 10 S. Dearborn

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2014

Transaction ID : SASL2.35853

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

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

6000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. JTS Marketing and Consulting**

Account : 18789

Mailing Address 7730 W. Belden Avenue

City Elmwood Park State IL Zip Code 60707

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2014

Transaction ID : SASL2.37908

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Katten Muchin & Zavis a Partnership**

Account : 18789

Mailing Address 525 West Monroe Street

City Chicago State IL Zip Code 60661-3693

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2014

Transaction ID : SASL2.37961

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Keefe & Keefe PC**

Account : 18789

Mailing Address 6 Executive Woods Court

City Belleville State IL Zip Code 62226

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2014

Transaction ID : SASL2.36042

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Knight Partners, LLC**

Account : 18789

Mailing Address 221 North LaSalle

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2014

Transaction ID : SASL2.36050

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

23000.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Kubasiak Fylstra Thorpe & Rutunno PC**

Account : 18789

Mailing Address 20 South Clark Street

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35975

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Kwas Consulting Service, Inc.**

Account : 18789

Mailing Address 9 W. Logan Street

City Lemont State IL Zip Code 60439

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37982

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Laborers Local 2**

Account : 18789

Mailing Address 8842 W. Ogden Avenue

City Brookfield State IL Zip Code 60513

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35977

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Laird M. Ozmon, Ltd.**

Account : 18789

Mailing Address 54 North Ottawa Street

City Joliet State IL Zip Code 26099

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 12 / 2014

Transaction ID : SASL2.38037

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

15150.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Lake Park Center**

Account : 18789

Mailing Address 919 Washington Park

City Waukegan State IL Zip Code 60085

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37962

Amount of Each Receipt this Period

6060.00

Aggregate Year-to-Date

6060.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Law Offices of Terrence Kennedy**

Account : 18789

Mailing Address 180 N. LaSalle Street

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35922

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Levin & Perconti**

Account : 18789

Mailing Address 325 North LaSalle

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37936

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Lydia Healthcare 1, LLC**

Account : 18789

Mailing Address 13901 S. Lydia Avenue

City Robbins State IL Zip Code 60472

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38019

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

27060.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. M. Werner Consulting**

Account : 18789

Mailing Address 282 S. Cass Street

City State Zip Code  
Virginia IL 62691

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 21 2014

Transaction ID : SASL2.35925

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. MAGELLAN HEALTH SERVICES, INC. EMPLOYEE COMMITTEE FOR GOOD GOVERNMENT**

Account : 18789

Mailing Address 6950 Columbia Gateway

City State Zip Code  
Columbia MD 21046

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

Transaction ID : SASL2.37984

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Maragos & Maragos, Ltd.**

Account : 18789

Mailing Address 1 North LaSalle

City State Zip Code  
Chicago IL 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2014

Transaction ID : SASL2.37909

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Markoff Law, LLC**

Account : 18789

Mailing Address 29 N. Wacker Drive

City State Zip Code  
Chicago IL 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 20 2014

Transaction ID : SASL2.36133

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

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

3800.00

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

**SCHEDULE L-A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. McNabola Law Group, PC**

Account : 18789

Mailing Address 55 West Wacker Drive

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 03 / 2014

Transaction ID : SASL2.38011

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Mehta Law Group**

Account : 18789

Mailing Address 8 E. Randolph Street

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37910

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Meijer, Inc.**

Account : 18789

Mailing Address 2929 Walker Avenue

City Grand Rapids State MI Zip Code 49544

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38020

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Meyers & Flowers**

Account : 18789

Mailing Address 3 N. 2nd Street

City St. Charles State IL Zip Code 60174

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 17 / 2014

Transaction ID : SASL2.36067

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

25150.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Mid American Energy**

Account : 18789

Mailing Address P.O. Box 3006

City State Zip Code  
Sioux City IA 51102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 29 2014

Transaction ID : SASL2.35946

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Middle Class American PAC**

Account : 18789

Mailing Address P.O. Box 521

City State Zip Code  
Western Springs IL 60558

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2014

Transaction ID : SASL2.35830

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. MJS Associates, LLC**

Account : 18789

Mailing Address P.O. Box 664

City State Zip Code  
Springfield IL 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 01 2014

Transaction ID : SASL2.37985

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Monsanto Company**

Account : 18789

Mailing Address 800 North Lindbergh

City State Zip Code  
St. Louis MO 63167

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 16 2014

Transaction ID : SASL2.35855

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

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

9150.00

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

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Monsanto Company**

Account : 18789

Mailing Address 800 North Lindbergh

City St. Louis State MO Zip Code 63167

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35979

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Motherway & Napleton**

Account : 18789

Mailing Address 140 S. Dearborn

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37938

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. MRH Solutions, LLC**

Account : 18789

Mailing Address 2420 S. Glenwood Avenue

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.36147

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. NASW PAC**

Account : 18789

Mailing Address 404 South Well Street

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37913

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

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

7300.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Newsweb Corporation**

Account : 18789

Mailing Address 1645 W. Fullerton

City Chicago State IL Zip Code 60614

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

05 / 21 / 2014

Transaction ID : SASL2.35848

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Nicolay & Dart, LLC**

Account : 18789

Mailing Address 33 N. Dearborn

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37914

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Nolan, Thomas M. & Associates**

Account : 18789

Mailing Address 1135 Ashland Avenue

City River Forest State IL Zip Code 60305

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36018

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Oasis Legal Finance Company, LLC**

Account : 18789

Mailing Address 40 N. Skokie Boulevard

City Northbrook State IL Zip Code 60062

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36135

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

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

13500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Operating Engineers International PEC**

Account : 18789

Mailing Address 1125 17th Street NW

City Washington State DC Zip Code 20036

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38021

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Operating Engineers Local 399 Political Education Fund**

Account : 18789

Mailing Address 2260 South Grtove Street

City Chicago State IL Zip Code 60616

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36137

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Painters District Council 14**

Account : 18789

Mailing Address 1456 W. Adams

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36139

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Painters District Council No. 30**

Account : 18789

Mailing Address 1905 Sequoia Drive

City Aurora State IL Zip Code 60506

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37986

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

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

30300.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Parsons Brinckerhoff, Inc.**

Account : 18789

Mailing Address One Penn Plaza

City State Zip Code  
New York NY 10119

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 06 2014

Transaction ID : SASL2.35980

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Pavalon & Gifford**

Account : 18789

Mailing Address 2 North LaSalle Street

City State Zip Code  
Chicago IL 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 08 2014

Transaction ID : SASL2.38022

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. PCI Political Account**

Account : 18789

Mailing Address 8700 W. Bryn Mawr

City State Zip Code  
Chicago IL 60631

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2014

Transaction ID : SASL2.37916

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Peck Bloom, LLC**

Account : 18789

Mailing Address 105 West Adams Street

City State Zip Code  
Chicago IL 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 29 2014

Transaction ID : SASL2.35948

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

17000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Peoples Gas**

Account : 18789

Mailing Address 200 E. Randolph

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35984

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Phillips Law Office**

Account : 18789

Mailing Address 161 N. Clark Street

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 17 / 2014

Transaction ID : SASL2.36070

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Plumbers & Pipefitters Local 99 PAC Fund**

Account : 18789

Mailing Address 406 South Eldorado Road

City Bloomington State IL Zip Code 61704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35988

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Policemens Benevolent & Protective Assn PAC**

Account : 18789

Mailing Address 435 West Washington

City Springfield State IL Zip Code 62702

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38023

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

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

16000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Power Rogers & Smith, P.C.**

Account : 18789

Mailing Address 70 W. Madison St., Ste 5500

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2014

Transaction ID : SASL2.36044

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. PRAIRIE POLITICAL ACTION COMMITTEE**

Account : 18789

Mailing Address P.O. Box 2002

City Springfield State IL Zip Code 62705

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2014

Transaction ID : SASL2.38027

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Primera Engineers, Ltd.**

Account : 18789

Mailing Address 100 South Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2014

Transaction ID : SASL2.36023

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Prince Law Firm**

Account : 18789

Mailing Address 118 Airway Drive

City Marion State IL Zip Code 62959

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2014

Transaction ID : SASL2.38012

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

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

26000.00

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

**SCHEDULE L-A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Professional Independent Insurance Agents PAC**

Account : 18789

Mailing Address 4360 Wabash Avenue

City Springfield State IL Zip Code 62707

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35990

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Pullano Richard L. Law Offices**

Account : 18789

Mailing Address 100 W. Monroe

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 17 / 2014

Transaction ID : SASL2.36071

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Racing Associations of Illinois**

Account : 18789

Mailing Address 26435 South Dixie Highway

City Crete State IL Zip Code 60417

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37939

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Rainbow Beach Nursing Center**

Account : 18789

Mailing Address 7325 S. Exchange

City Chicago State IL Zip Code 60649

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37963

Amount of Each Receipt this Period

6252.00

Aggregate Year-to-Date

6252.00

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

15752.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Raucci & Sullivan Strategies**

Account : 18789

Mailing Address 3000 N. Sheridan Road

City Chicago State IL Zip Code 60657

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37918

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Real Estate Analysis Corporation**

Account : 18789

Mailing Address 205 North Michigan Avenue

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2014

Transaction ID : SASL2.35927

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Rekooh Management, LLC**

Account : 18789

Mailing Address 1201 S. Prairie Avenue

City Chicago State IL Zip Code 60605

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35879

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Resurgence Financial LLC**

Account : 18789

Mailing Address 1161 Lake Cook Road

City Deerfield State IL Zip Code 60015

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36140

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

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

6500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Robert S. Molaro & Assoc.**

Account : 18789

Mailing Address 6808 W. Archer Avenue

City Chicago State IL Zip Code 60638

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37912

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Robert S. Molaro & Assoc.**

Account : 18789

Mailing Address 6808 W. Archer Avenue

City Chicago State IL Zip Code 60638

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37937

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

800.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Romanucci & Blandin**

Account : 18789

Mailing Address 321 N. Clark Street

City Chicago State IL Zip Code 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37964

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Rosenfeld Zweig & Donenberg, Ltd.**

Account : 18789

Mailing Address 95 Revere Drive

City Hillside State IL Zip Code 60162

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35881

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

11800.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Rubin & Norris, LLC**

Account : 18789

Mailing Address 205 W. Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37965

Amount of Each Receipt this Period

1450.00

Aggregate Year-to-Date

1450.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. S.I.R. Management, Inc.**

Account : 18789

Mailing Address 6840 N. Lincoln Avenue

City Lincolnwood State IL Zip Code 60712

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37920

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Salvi, Schostok & Pritchard**

Account : 18789

Mailing Address 218 N. Martin Luther King Jr. Ave.

City Waukegan State IL Zip Code 60085

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 26 / 2014

Transaction ID : SASL2.37940

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Sandner Group Insurance Program Managers**

Account : 18789

Mailing Address 155 N. Wacker Drive

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2014

Transaction ID : SASL2.36142

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

17450.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. SEIU Illinois Council PAC Fund**

Account : 18789

Mailing Address 111 East Wacker Drive

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 01 / 2014

Transaction ID : SASL2.37989

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. SEIU Local 73 PAC**

Account : 18789

Mailing Address 300 S. Ashland

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37921

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Senior Lifestyle Management**

Account : 18789

Mailing Address 303 E. Wacker

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 14 / 2014

Transaction ID : SASL2.38043

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Sharon Healthcare Woods, Inc.**

Account : 18789

Mailing Address 3223 West Richwoods Boulevard

City Peoria State IL Zip Code 61604

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37966

Amount of Each Receipt this Period

4376.40

Aggregate Year-to-Date

4376.40

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

25376.40

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Sheet Metal Workers Assn. Local 73 PAC**

Account : 18789

Mailing Address 4550 Roosevelt Road

City Hillside State IL Zip Code 60162

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35883

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Sheet Metal Workers Union Local 265 PAC Fund**

Account : 18789

Mailing Address 205 Alexandra Way

City Carol Stream State IL Zip Code 60188

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : SASL2.35885

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Sheila Simon for Illinois**

Account : 18789

Mailing Address P.O. Box 814

City Carbondale State IL Zip Code 62903

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : SASL2.37990

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Simmons Hanly Conroy**

Account : 18789

Mailing Address One Court Street

City Alton State IL Zip Code 62002

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

Transaction ID : SASL2.38013

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

23000.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Skokie Meadows Nsg.**

Account : 18789

Mailing Address 4600 Golf Road

City Skokie State IL Zip Code 60076

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38024

Amount of Each Receipt this Period

3280.00

Aggregate Year-to-Date

3280.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Special Account**

Account : 18789

Mailing Address 1609 East 53rd Street

City Chicago State IL Zip Code 60615

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 14 / 2014

Transaction ID : SASL2.35887

Amount of Each Receipt this Period

3500.00

Aggregate Year-to-Date

3500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Sprinkler Fitters Local 281**

Account : 18789

Mailing Address 11900 South Laramie

City Alsip State IL Zip Code 60803

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37967

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. SRL Consulting, Inc.**

Account : 18789

Mailing Address 413 West Edwards

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37922

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

300.00

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

9080.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Stagehands Union Local no. 2**

Account : 18789

Mailing Address 216 S. Jefferson

City Chicago State IL Zip Code 60661

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37968

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Stand for Children Illinois PAC**

Account : 18789

Mailing Address 850 W. Jackson Boulevard # 330

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

02 / 06 / 2014

Transaction ID : SASL2.35813

Amount of Each Receipt this Period

8900.00

Aggregate Year-to-Date

8900.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Stephens PAC NFP**

Account : 18789

Mailing Address P.O. Box 533

City Rosemont State IL Zip Code 60018

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

04 / 16 / 2014

Transaction ID : SASL2.35837

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Steve Davis Consulting, Inc.**

Account : 18789

Mailing Address 316 N. Old Bethalto Road

City Bethalto State IL Zip Code 62010

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 08 / 2014

Transaction ID : SASL2.38025

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

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

16900.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Steven K. Jambois Law, PC**

Account : 18789

Mailing Address 60 West Randolph Street

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 19 / 2014

Transaction ID : SASL2.36099

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Stricklin & Associates**

Account : 18789

Mailing Address 20 S. Clark Street

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 10 / 01 / 2014

Transaction ID : SASL2.37991

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Taft, Stettinius & Hollister**

Account : 18789

Mailing Address 111 East Wacker

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 13 / 2014

Transaction ID : SASL2.36021

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Tapella & Eberspacher, LLC**

Account : 18789

Mailing Address P.O. Box 627

City Mattoon State IL Zip Code 61938

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 28 / 2014

Transaction ID : SASL2.37969

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

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

18500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Taxpayers for Quinn**

Account : 18789

Mailing Address 676 N. LaSalle

City Chicago State IL Zip Code 60610

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 26 / 2014

Transaction ID : SASL2.35930

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Teamsters Local 627**

Account : 18789

Mailing Address 7101 N. Allen Road

City Peoria State IL Zip Code 61614

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35992

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Teamsters Volunteers in Politics**

Account : 18789

Mailing Address 1645 West Jackson Boulevard

City Chicago State IL Zip Code 60612

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

10 / 12 / 2014

Transaction ID : SASL2.38038

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. TENET Healthcare Corporation**

Account : 18789

Mailing Address P.O. Box 130300

City Dallas State TX Zip Code 75313

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

03 / 26 / 2014

Transaction ID : SASL2.35834

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

31000.00

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

**SCHEDULE L-A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. The Auto Club Group**

Account : 18789

Mailing Address 1 Auto Club Drive

City Dearborn State MI Zip Code 48126

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : SASL2.35862

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. The Healy Law Firm**

Account : 18789

Mailing Address 111 West Washington

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SASL2.36063

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. The Illinois Risk Management Services**

Account : 18789

Mailing Address 1151 East Warrenville Road

City Naperville State IL Zip Code 60563

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
05 / 14 / 2014

Transaction ID : SASL2.35843

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. The Lombard Company**

Account : 18789

Mailing Address 4245 W. 123rd Street

City Alsip State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : SASL2.35924

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

22500.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. The People for Emanuel 'Chris' Welch**

Account : 18789

Mailing Address 233 Oak Ridge Avenue

City Hillside State IL Zip Code 60162

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 14 / 2014

Transaction ID : SASL2.36045

Amount of Each Receipt this Period

2000.00

Aggregate Year-to-Date

2000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. The Pollak Law Firm**

Account : 18789

Mailing Address 900 Skokie Boulevard

City Northbrook State IL Zip Code 60062

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37917

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. The Roosevelt Group**

Account : 18789

Mailing Address 600 W. Van Buren Street

City Chicago State IL Zip Code 60607

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

05 / 12 / 2014

Transaction ID : SASL2.35841

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Thomson Weir LLC**

Account : 18789

Mailing Address 420 W. Capitol Avenue

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36025

Amount of Each Receipt this Period

7500.00

Aggregate Year-to-Date

7500.00

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

12500.00

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

**SCHEDULE L-A (FEC Form 3X)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Thornton Heights Terrace, Ltd.**

Account : 18789

Mailing Address 160 West Tenth Street

City Chicago Heights State IL Zip Code 60411

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
03 / 06 / 2014

Transaction ID : SASL2.35828

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Thornton Heights Terrace, Ltd.**

Account : 18789

Mailing Address 160 West Tenth Street

City Chicago Heights State IL Zip Code 60411

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2014

Transaction ID : SASL2.37970

Amount of Each Receipt this Period

6377.04

Aggregate Year-to-Date

7377.04

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Tomasik Kotin & Kasserman**

Account : 18789

Mailing Address 10 S. LaSalle

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SASL2.36103

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Tooling & Manufacturing Association PC**

Account : 18789

Mailing Address 1177 South Dee Road

City Park Ridge State IL Zip Code 60068

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 13 / 2014

Transaction ID : SASL2.36027

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

18377.04

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  1a  2  
 (check only one)

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. TRK PAC**

Account : 18789

Mailing Address 2727 N. Dirksen

City Springfield State IL Zip Code 62702

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 06 / 2014

Transaction ID : SASL2.35994

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Trucking Industry PAC**

Account : 18789

Mailing Address 7000 S. Adams Street

City Willowbrook State IL Zip Code 60527

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 06 / 2014

Transaction ID : SASL2.35996

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Turner Group Company**

Account : 18789

Mailing Address 2102 S. Avers Avenue

City Chicago State IL Zip Code 60623

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 25 / 2014

Transaction ID : SASL2.37923

Amount of Each Receipt this Period

1500.00

Aggregate Year-to-Date

1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. UA Political Education Committee**

Account : 18789

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
 09 / 09 / 2014

Transaction ID : SASL2.36008

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

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

17500.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER:  
 (check only one)  1a  2

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

Full Name (Last, First, Middle Initial) / Full Organization Name  
**A. UAW Illinois PAC**  
 Account : 18789  
 Mailing Address 680 Barclay  
 City Lincolnshire State IL Zip Code 60069  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2014  
**Transaction ID : SASL2.35950**  
 Amount of Each Receipt this Period  
 10000.00  
 Aggregate Year-to-Date  
 10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**B. UFCW Local 881**  
 Account : 18789  
 Mailing Address 10400 W. Higgins Road  
 City Rosemont State IL Zip Code 60018  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2014  
**Transaction ID : SASL2.35929**  
 Amount of Each Receipt this Period  
 10000.00  
 Aggregate Year-to-Date  
 10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**C. United Scrap Metal**  
 Account : 18789  
 Mailing Address 1545 S. Cicero Avenue  
 City Cicero State IL Zip Code 60804  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : SASL2.38028**  
 Amount of Each Receipt this Period  
 1500.00  
 Aggregate Year-to-Date  
 1500.00

Full Name (Last, First, Middle Initial) / Full Organization Name  
**D. United Steel Workers PAC**  
 Account : 18789  
 Mailing Address Five Gateway Center  
 City Pittsburg State IL Zip Code 15222  
 Name of Employer or Principal Place of Business  
 Occupation

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SASL2.35954**  
 Amount of Each Receipt this Period  
 5000.00  
 Aggregate Year-to-Date  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 26500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. United Transportation Union PAC**

Account : 18789

Mailing Address 24950 Country Club Boulevard

City North Olmsted State OH Zip Code 44070

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 02 / 2014

Transaction ID : SASL2.35956

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. United Transportation Union PAC**

Account : 18789

Mailing Address 24950 Country Club Boulevard

City North Olmsted State OH Zip Code 44070

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36029

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

7500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. United Union of Roofers Local 11 Pol. Fund**

Account : 18789

Mailing Address 9838 West Roosevelt

City Westchester State IL Zip Code 60154

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 06 / 2014

Transaction ID : SASL2.35998

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. University Public Issues Committee**

Account : 18789

Mailing Address P.O. Box 62

City Evanston State IL Zip Code 60204

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37924

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

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

8650.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. UPS PAC**

Account : 18789

Mailing Address 55 Glenview Parkway NE

City Atlanta State GA Zip Code 30328

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2014

Transaction ID : SASL2.35857

Amount of Each Receipt this Period

6000.00

Aggregate Year-to-Date

6000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Vincent R. Williams & Associates, P.C.**

Account : 18789

Mailing Address 749 Ashland Avenue

City River Forest State IL Zip Code 60305

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.37926

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Weilmuenster Law Group PC**

Account : 18789

Mailing Address 3201 W. Main Street

City Belleville State IL Zip Code 62226

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SASL2.36107

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Wight & Company**

Account : 18789

Mailing Address 2500 N. Frontage Road

City Darien State IL Zip Code 60561

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SASL2.37941

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

2500.00

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

11500.00

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

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Will Grundy County Central Trades & Labor**

Account : 18789

Mailing Address 724 Railroad

City Joliet State IL Zip Code 60436

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.37927

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

150.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. William Davis for State Representative**

Account : 18789

Mailing Address P.O. Box 704

City Homewood State IL Zip Code 60430

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 19 / 2014

Transaction ID : SASL2.36086

Amount of Each Receipt this Period

3000.00

Aggregate Year-to-Date

3000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Wilson Care, Inc.**

Account : 18789

Mailing Address 4544 North Hazel

City Chicago State IL Zip Code 60640

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 28 / 2014

Transaction ID : SASL2.37972

Amount of Each Receipt this Period

5720.00

Aggregate Year-to-Date

5720.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D. Winning Systems, Inc.**

Account : 18789

Mailing Address 105 South York Road

City Elmhurst State IL Zip Code 60126

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 13 / 2014

Transaction ID : SASL2.36030

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

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

9870.00

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

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  
(check only one)  1a  2

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A. Zalewski for State Representative**

Account : 18789

Mailing Address 7676 W. 63rd Street

City State Zip Code  
Summit IL 60501

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : SASL2.36144

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**B. Zeman Homes & Neighborhoods**

Account : 18789

Mailing Address 6547 N. Avondale

City State Zip Code  
Chicago IL 60631

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2014

Transaction ID : SASL2.36145

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**C. Zurich American Insurance Company**

Account : 18789

Mailing Address 1400 American Lane

City State Zip Code  
Schaumburg IL 60196

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2014

Transaction ID : SASL2.37973

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

**D.**

Account :

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

12000.00

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

1533604.88

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 169
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input checked="" type="checkbox"/> 4d	

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

Full Name (Last, First, Middle Initial) / Full Organization Name <b>A. DEMOCRATIC PARTY OF ILLINOIS</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 01 / 2014
Mailing Address P.O. BOX 518			<b>Transaction ID : SBSL4D.35804</b>
City SPRINGFIELD	State IL	Zip Code 62705	Amount of Each Disbursement this Period 782902.46
Purpose of Disbursement Levin transfer to Federal account			<b>Account : 18789</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<b>Account :</b>
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<b>Account :</b>
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name <b>D.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<b>Account :</b>
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name <b>E.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<b>Account :</b>
Purpose of Disbursement			

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	782902.46
<b>TOTAL</b> This Period (last page this line number only)..... ▶	782902.46