

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <i>Open For Illinois</i>		3. FEC Identification Number <i>C 0 6 5 7 7 8 9 3</i>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>3231 S. Halsted St. P.O. Box 114</i>		
(c) City, State and ZIP Code <i>Chicago, IL 60608</i>		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD: FROM *05 08 2015*
THROUGH *06 30 2015*

6. TOTAL CONTRIBUTIONS..... *10,347.89*
7. TOTAL INDEPENDENT EXPENDITURES *10,347.89*

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Darrell Williams

[Signature]

7/15/15

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Parrell Williams

A. Full Name (Last, First, Middle Initial)
Parrell Jacobson, Oren

Mailing Address
701 W. Jackson Blvd. #407G

City Chicago State IL Zip Code 60661

FEC ID number of contributing federal political committee. C

Name of Employer KUSO Occupation COO

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

Amount of Each Receipt this Period
5,001.00

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

Mailing Address
2803 Lexington Ln.

City Highland Park State IL Zip Code 60035

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation Attorney

Date of Receipt
M M / D D / Y Y Y Y
05 08 2015

Amount of Each Receipt this Period
200.00

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

Mailing Address
3653 Shannan Rd.

City Los Angeles State CA Zip Code 90027

FEC ID number of contributing federal political committee. C

Name of Employer Unemployed Occupation Unemployed

Date of Receipt
M M / D D / Y Y Y Y
05 12 2015

Amount of Each Receipt this Period
25.00

D. Full Name (Last, First, Middle Initial)
Skale, Ryan

Mailing Address
2630 Appletree Ln

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Dentist

Date of Receipt
M M / D D / Y Y Y Y
05 12 2015

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	5,376.00
TOTAL This Period (last page carry total to Line 6).....▶	5,376.00

20150808 10:01:00 AM

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
Durrell Williams

A. Full Name (Last, First, Middle Initial)
Schneiderman, Ira

Mailing Address
2362 Glen Eagle Ln.

City *Riverwoods* State *IL* Zip Code *60015*

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

Date of Receipt
05 12 2015

Amount of Each Receipt this Period
100.00

Name of Employer *Unemployed* Occupation *Unemployed*

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

Mailing Address
2813 Lexington Ln.

City *Highland Park* State *IL* Zip Code *60035*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
200.00

Name of Employer *AUG National Trust Bank* Occupation *Financial Adviser*

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

Mailing Address
1650 Harvard St. NW #604

City *Washington* State *DC* Zip Code *20009*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
25.00

Name of Employer *Jewish Federation of Greater Washington* Occupation *Non Profit Manager*

D. Full Name (Last, First, Middle Initial)
Homan, Ben

Mailing Address
3005 West 89th St.

City *Leawood* State *KS* Zip Code *66206*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
250.00

Name of Employer *Homan Group LLC* Occupation *Self-Employed*

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page carry total to Line 6)	5,951.00

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 3 OF 10

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 FILER (In Full)
Darrell Williams

A. Full Name (Last, First, Middle Initial)
Dunn, Moira

Mailing Address
1631 Fieldstone Dr. South

City *Shorewood* State *IL* Zip Code *60404*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
50.00

Name of Employer *Will County* Occupation *Attorney*

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

Mailing Address
116 Russell St.

City *Quincy* State *MA* Zip Code *02171*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
100.00

Name of Employer *New Leaders Council* Occupation *National Programs Director*

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

Mailing Address
2617 NE 14th Ave. Unit 117

City *Wilton Manors* State *FL* Zip Code *33334*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
50.00

Name of Employer *Forward County Board of County Commissioners* Occupation *Legislative Coordinator*

D. Full Name (Last, First, Middle Initial)
Goubman, Ellen

Mailing Address
2208 Ferndale

City *Chicago* State *IL* Zip Code *60645*

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

Date of Receipt
05 13 2015

Amount of Each Receipt this Period
18.00

Name of Employer *Unemployed* Occupation *Unemployed*

SUBTOTAL of Receipts This Page (optional)	<i>218.00</i>
TOTAL This Period (last page carry total to Line 6)	<i>6,169.00</i>

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 4 OF 10

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NAME OF FILER (In Full)

Darrell Williams

A. Full Name (Last, First, Middle Initial) Badlanis, Chrag			Date of Receipt 05 13 2015
Mailing Address 3232 N. Halstead St. 0704			Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60645	
FEC ID number of contributing federal political committee. C			

Name of Employer Occupation

Aughas Sacol Piers Roswick & Dym Ltd Attorney

B. Full Name (Last, First, Middle Initial) LeMere, David			Date of Receipt 05 13 2015
Mailing Address 1703 Madison Park Ct.			Amount of Each Receipt this Period 250.00
City Columbia	State MO	Zip Code 65203	
FEC ID number of contributing federal political committee. C			

Name of Employer Occupation

Self-Employed Contractor

C. Full Name (Last, First, Middle Initial) Duff, Thomas			Date of Receipt 05 13 2015
Mailing Address 824 West Superior #602			Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60642	
FEC ID number of contributing federal political committee. C			

Name of Employer Occupation

The Bunker Advisor

D. Full Name (Last, First, Middle Initial) Tabel, Sam			Date of Receipt 05 14 2015
Mailing Address 1946 West Bradley Place, Apt. 1-W			Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60613	
FEC ID number of contributing federal political committee. C			

Name of Employer Occupation

Companions for Seniors, Inc. President

SUBTOTAL of Receipts This Page (optional)	1,100.00
TOTAL This Period (last page carry total to Line 6)	7,269.00

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
Darrell Williams

A. Full Name (Last, First, Middle Initial)
2720 Wisconsin Ave. NW #107

Mailing Address
Tompkins, Mass

City *Washington DC* State Zip Code *20007*

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

Date of Receipt
05 14 2015

Amount of Each Receipt this Period
25.00

Name of Employer *New Leaders Council* Occupation *National Development Director*

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

Mailing Address
3006 Springmeadow Dr.

City *Colorado Springs CO* State Zip Code *80906*

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

Date of Receipt
05 14 2015

Amount of Each Receipt this Period
25.00

Name of Employer *Level 3* Occupation *Sales*

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

Mailing Address
3 Smoke Tree

City *Fenton MO* State Zip Code *63026*

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

Date of Receipt
05 14 2015

Amount of Each Receipt this Period
100.00

Name of Employer *Repair Defense Network* Occupation *Sales*

D. Full Name (Last, First, Middle Initial)
Lorenz, Jason

Mailing Address
12725 SE 312th St. B-105

City *Auburn WA* State Zip Code *98092*

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

Date of Receipt
05 14 2015

Amount of Each Receipt this Period
200.00

Name of Employer *Pulte Homes* Occupation *Sales*

SUBTOTAL of Receipts This Page (optional)	<i>350.00</i>
TOTAL This Period (last page carry total to Line 6)	<i>7,619.00</i>

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
Derrell Williams

A. Full Name (Last, First, Middle Initial)
Fiscus, Taylor

Mailing Address
365 N. Jefferson St.

City State Zip Code
Chicago IL 60661

Date of Receipt
05 15 2015

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
10.00

Name of Employer Occupation
US Environmental Protection Agency Special Assistant

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

Mailing Address
485 E. Adams Ave

City State Zip Code
St. Louis MO 63122

Date of Receipt
05 15 2015

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
200.00

Name of Employer Occupation
Pulte Homes Sales

C. Full Name (Last, First, Middle Initial)
Melman, Ren and Barbara

Mailing Address
2635 W. Morse Ave

City State Zip Code
Chicago IL 60645

Date of Receipt
05 15 2015

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
50.00

Name of Employer Occupation
Not Employed Not Employed

D. Full Name (Last, First, Middle Initial)
Bridges, Jusco

Mailing Address
2303 S. Michigan Ave #502

City State Zip Code
Chicago IL 60616

Date of Receipt
05 15 2015

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
200.00

Name of Employer Occupation
Quicrete JANCO Owner/Founder

SUBTOTAL of Receipts This Page (optional)	460.00
TOTAL This Period (last page carry total to Line 6)	8,079.00

20150515 10:00:00 AM

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
Darrell Williams

A. Full Name (Last, First, Middle Initial)
Mose, Josh

Mailing Address
3219 W. Kingsley

City Springfield MO State Zip Code 65807

Date of Receipt
05 15 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
300.00

Name of Employer Prime Inc Occupation Operations

B. Full Name (Last, First, Middle Initial)
Taveany, Bre H

Mailing Address
6050 Christmas Dr.

City Nolansville TN State Zip Code 37135

Date of Receipt
05 15 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
100.00

Name of Employer William County Public Schools Occupation Teacher

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

Mailing Address
1440 E. 55th St.

City Chicago IL State Zip Code 60607

Date of Receipt
05 16 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
50.00

Name of Employer Project & Executive Asst. Occupation The Chicago Community Trust

D. Full Name (Last, First, Middle Initial)
Sociusky, Stephanie

Mailing Address
1116 W. Adams 4E

City Chicago IL State Zip Code 60607

Date of Receipt
05 18 2015

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period
100.00

Name of Employer Northern Trust Occupation Accountant

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page carry total to Line 6)	8,629.00

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
Dorell Williams

A. Full Name (Last, First, Middle Initial)
Shapiro, Marilyn

Mailing Address
4340 Terra Granada IB

City
Walnut Creek CA 94595

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 18 2015

Amount of Each Receipt this Period
11.11

Name of Employer
Unemployed

Occupation
Unemployed

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

Mailing Address
1937 W. Diversey Parkway

City
Chicago IL 60614

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 23 2015

Amount of Each Receipt this Period
250.00

Name of Employer
Lettuce Entertain Co

Occupation
Restaurateur

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

Mailing Address
693 Madison St. #2F

City
Brooklyn NY 11221

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 23 2015

Amount of Each Receipt this Period
500.00

Name of Employer
Self-Employed

Occupation
Self-Employed

D. Full Name (Last, First, Middle Initial)
Davis, Val

Mailing Address
809 Wingham Dr.

City
Columbia SC 29229

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 27 2015

Amount of Each Receipt this Period
50.00

Name of Employer
Self-Employed

Occupation
Realtor

SUBTOTAL of Receipts This Page (optional)	811.11
TOTAL This Period (last page carry total to Line 6)	9,440.11

NONPROFIT CORPORATION

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE OF
9 10

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NAME OF FILER (In Full)
Darrell Williams

A. Full Name (Last, First, Middle Initial)
Gale, Andrew

Date of Receipt
05 28 2015

Mailing Address
10174 Balboa St.

City State Zip Code
San Diego CA 92126

Amount of Each Receipt this Period
2.78

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
The Scripps Research Institute Scientist

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

Date of Receipt
06 01 2015

Mailing Address
623 Lake Forest

City State Zip Code
Bonnes Spgs KS 66012

Amount of Each Receipt this Period
5.00

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Self-Employed ER Doctor

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

Date of Receipt
06 01 2015

Mailing Address
1055 W. Madison

City State Zip Code
Chicago IL 60607

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Kelco Designs Event Producer

D. Full Name (Last, First, Middle Initial)
Biesel, Stephanie

Date of Receipt
06 04 2015

Mailing Address
758 N. Lawrence St

City State Zip Code
Chicago IL 60654

Amount of Each Receipt this Period
25.00

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Kargo Sales

SUBTOTAL of Receipts This Page (optional)	57.78
TOTAL This Period (last page carry total to Line 6)	9,497.89

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 10 OF 10

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NAME OF FILER (In Full)
Darrell Williams

A. Full Name (Last, First, Middle Initial)
Allen, Russell

Mailing Address
126 Hampton Dr.

City
Glen Carbon IL 62034

FEC ID number of contributing federal political committee.
C

Date of Receipt
06 11 2015

Amount of Each Receipt this Period
100.00

Name of Employer
Fulcrum Homes

Occupation
Real Estate Sales

B. Full Name (Last, First, Middle Initial)
Hoffman, Sara Beth

Mailing Address
1343 N. Sutton Place

City
Chicago IL 60610

FEC ID number of contributing federal political committee.
C

Date of Receipt
06 11 2015

Amount of Each Receipt this Period
500.00

Name of Employer
Deloitte

Occupation
Consultant

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

Mailing Address
463 Parkside Commons

City
Collingsville IL 62234

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 30 2015

Amount of Each Receipt this Period
250.00

Name of Employer
Pullman Biologics

Occupation
Validation Supervisor

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional) *850.00*

TOTAL This Period (last page carry total to Line 6) *10,347.89*

NONPROFIT ORGANIZATION

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee Jacobsen, Owen		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 701 W. Jackson Blvd #4076		Amount 5,001.00	
City Chicago	State IL	Zip Code 60661	
Purpose of Expenditure Refund	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Holz, Ryan		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 2803 Levington Ln		Amount 200.00	
City Highland Park	State IL	Zip Code 60035	
Purpose of Expenditure Refund	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Klein, Howard		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 06 / 30 / 2015	
Mailing Address 3653 Shuman Rd.		Amount 25.00	
City Los Angeles	State CA	Zip Code 90027	
Purpose of Expenditure Refund	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5,226.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5,226.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>Skule, Ryan</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>06 / 30 / 2015</i>	
Mailing Address <i>2630 Appletree Ln</i>		Amount <i>150.00</i>	
City <i>Northbrook</i>	State <i>IL</i>	Zip Code <i>60062</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Scheidtman, Tina</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>06 / 30 / 2015</i>	
Mailing Address <i>2362 Glen Eagle</i>		Amount <i>100.00</i>	
City <i>Riverwoods</i>	State <i>IL</i>	Zip Code <i>60015</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Gawle, Jordan</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <i>06 / 30 / 2015</i>	
Mailing Address <i>2813 Lexington Lane</i>		Amount <i>200.00</i>	
City <i>Highland Park</i>	State <i>IL</i>	Zip Code <i>60035</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<i>450.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<i>0.00</i>
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	<i>5,676.00</i>

NON-FINANCIAL INFORMATION

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee Holzner, Todd		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address 1650 Harvard St. NW #604		Amount 25.00	
City Washington	State DC	Zip Code 20009	
Purpose of Expenditure Refund	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Homan, Ben		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address 3005 W. 89th St.		Amount 250.00	
City Leawood	State KS	Zip Code 66206	
Purpose of Expenditure Refund	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Dunn, Marc		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address 1631 Fieldstone Dr. South		Amount 50.00	
City Shorewood	State IL	Zip Code 60404	
Purpose of Expenditure Refund	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	375.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5,001.00

NONPROFIT ORGANIZATION

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrel Williams

Full Name (Last, First, Middle Initial) of Payee <i>Madge, Courtney</i>		Date of Public Distribution/Dissemination <i>06 30 2015</i>	
Mailing Address <i>116 Russell St.</i>		Amount <i>100.00</i>	
City <i>Quincy</i>	State <i>MA</i>	Zip Code <i>02171</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Kolaster, Nishant</i>		Date of Public Distribution/Dissemination <i>06 30 2015</i>	
Mailing Address <i>2617 NE 14th Ave # 117</i>		Amount <i>50.00</i>	
City <i>Willam Mearns</i>	State <i>FL</i>	Zip Code <i>33334</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Gubwa, Ellen</i>		Date of Public Distribution/Dissemination <i>06 30 2015</i>	
Mailing Address <i>2208 Farwell</i>		Amount <i>18.00</i>	
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60645</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>168.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>6,469.00</i>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>Badawi, Audrey</i>		Date of Public Distribution/Dissemination <i>06 / 30 / 2015</i>	
Mailing Address <i>3732 N. Halstead St. D704</i>		Amount <i>250.00</i>	
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60645</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Louise, David</i>		Date of Public Distribution/Dissemination <i>06 / 30 / 2015</i>	
Mailing Address <i>1703 Madison Park Ct.</i>		Amount <i>250.00</i>	
City <i>Columbia</i>	State <i>MO</i>	Zip Code <i>65203</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>Dy, Thomas</i>		Date of Public Distribution/Dissemination <i>06 / 30 / 2015</i>	
Mailing Address <i>824 W. Superior #602</i>		Amount <i>500.00</i>	
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60642</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>1,000.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>7,169.00</i>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <u>Tatel, Susa</u>		Date of Public Distribution/Dissemination <u>06 30 2015</u>	
Mailing Address <u>1946 W. Bondley Pl. Apt. 1-W</u>		Amount <u>100.00</u>	
City <u>Chicago</u>	State <u>IL</u>	Zip Code <u>60613</u>	
Purpose of Expenditure <u>Refund</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Toupin, Matt</u>		Date of Public Distribution/Dissemination <u>06 30 2015</u>	
Mailing Address <u>2720 Wisconsin Ave. NW #107</u>		Amount <u>25.00</u>	
City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20007</u>	
Purpose of Expenditure <u>Refund</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Donnelly, Clifford</u>		Date of Public Distribution/Dissemination <u>06 30 2015</u>	
Mailing Address <u>3006 Springmeadow Dr.</u>		Amount <u>25.00</u>	
City <u>Colorado Springs</u>	State <u>CO</u>	Zip Code <u>80906</u>	
Purpose of Expenditure <u>Refund</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>150.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<u>0.00</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>7319.00</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>Thy Mike</i>		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address <i>3 Snake Tree</i>		Amount <i>100.00</i>	
City <i>Ferida</i>	State <i>MO</i>	Zip Code <i>63026</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <i>Lorenz, Jaso</i>		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address <i>12725 SE 32th St B105</i>		Amount <i>200.00</i>	
City <i>Auburn</i>	State <i>WA</i>	Zip Code <i>98092</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <i>F. Sues Taylor</i>		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address <i>365 N. Jefferson St</i>		Amount <i>10.00</i>	
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60661</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>300.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>7,529.00</i>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <u>Green, Keri</u>		Date of Public Distribution/Dissemination <u>06 30 2015</u>
Mailing Address <u>485 E. Adams Ave</u>		Amount <u>200.00</u>
City <u>St. Louis</u>	State Zip Code <u>MO 63122</u>	
Purpose of Expenditure <u>Refund</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Malman, Ron and Barbara</u>		Date of Public Distribution/Dissemination <u>06 30 2015</u>
Mailing Address <u>2635 W. Morse Ave</u>		Amount <u>50.00</u>
City <u>Chicago</u>	State Zip Code <u>IL 60645</u>	
Purpose of Expenditure <u>Refund</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Bridges, Vasco</u>		Date of Public Distribution/Dissemination <u>06 30 2015</u>
Mailing Address <u>2303 S. Michigan Ave #502</u>		Amount <u>200.00</u>
City <u>Chicago</u>	State Zip Code <u>IL 60616</u>	
Purpose of Expenditure <u>Refund</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>450.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	<u>0.00</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>8,079.00</u>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>Moore, Josh</i>		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address <i>3219 W. Kingsley</i>		Amount <i>300.00</i>	
City <i>Springfield</i>	State <i>MO</i>	Zip Code <i>65807</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <i>Taven, Brett</i>		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address <i>6050 Christine Dr.</i>		Amount <i>100.00</i>	
City <i>Nolenville</i>	State <i>TN</i>	Zip Code <i>37135</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee <i>Sawell, Towder</i>		Date of Public Distribution/Dissemination 06 30 2015	
Mailing Address <i>1440 E. 55th St.</i>		Amount <i>50.00</i>	
City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60607</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>450.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>8,529.00</i>

NON-PROFIT ORGANIZATION

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>GALE, ANDREW</i>		Date of Public Distribution/Dissemination <i>06 30 2015</i>	
Mailing Address <i>10174</i>		Amount <i>2.78</i>	
City <i>SAN DIEGO</i>	State <i>CA</i>	Zip Code <i>92126</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>OBENDORFER, DAVID</i>		Date of Public Distribution/Dissemination <i>06 30 2015</i>	
Mailing Address <i>623 LAKE FOREST</i>		Amount <i>5.00</i>	
City <i>BONNES SPRINGS</i>	State <i>KS</i>	Zip Code <i>66012</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <i>BEIGEL, STEPHANIE</i>		Date of Public Distribution/Dissemination <i>06 30 2015</i>	
Mailing Address <i>758 N. LARRABEE # 809</i>		Amount <i>25.00</i>	
City <i>CHICAGO</i>	State <i>IL</i>	Zip Code <i>60654</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>32.78</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>8,561.78</i>

11-11-2013 10:00:00 AM

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>Sosisky, Stephen</i>		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address <i>1116 W. Adams #4E</i>		Amount <i>100.00</i>
City <i>Chicago</i>	State Zip Code <i>IL 60607</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Shapiro, Marilyn</i>		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address <i>4340 Terra Granada IB</i>		Amount <i>11.11</i>
City <i>Walnut Creek</i>	State Zip Code <i>CA 94595</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Rose, Eric</i>		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address <i>1937 W. Diversey Pkwy</i>		Amount <i>750.00</i>
City <i>Chicago</i>	State Zip Code <i>IL 60614</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>361.11</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>8,822.89</i>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darrell Williams

Full Name (Last, First, Middle Initial) of Payee <i>Lewis, Lita</i>		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address <i>693 Madison St. #2F</i>		Amount <i>500.00</i>
City <i>Brooklyn</i>	State Zip Code <i>NY 11221</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Davis, Uel</i>		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address <i>809 Wisham Dr.</i>		Amount <i>50.00</i>
City <i>Columbia</i>	State Zip Code <i>SC 29229</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>Allen, Russell</i>		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address <i>126 Hampton Dr.</i>		Amount <i>100.00</i>
City <i>Glen Carbon</i>	State Zip Code <i>IL 62034</i>	
Purpose of Expenditure <i>Refund</i>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<i>650.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<i>0.00</i>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<i>9,972.89</i>

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Darren Williams

Full Name (Last, First, Middle Initial) of Payee Hoffman, Sean Bell		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address 1343 N. Sutter Pl.		Amount 500.00
City Chicago	State IL	
Purpose of Expenditure Refund		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Lewis, Zachary		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address 463 Parkside Commons		Amount 250.00
City Collingsville	State IL	
Purpose of Expenditure Refund		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Berman, Joey		Date of Public Distribution/Dissemination 06 30 2015
Mailing Address 1155 W. Madison		Amount 25.00 200.00
City Chicago	State IL	
Purpose of Expenditure Refund		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	775.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	10,347.89

