PAGE 1 / 6

Image# 15950056215

**FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TONIN 3X	For Other Than An	Authorized	Committe	ee		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir the lines.	ig, type	12FE4M5		
Duchossois Group PA	<b>\C</b>						
ADDRESS (number and street)	845 Larch Avenue						
Check if different than previously	Elmhurst					60126	
reported. (ACC)		CITY			STATE A	ZIP CC	
2. FEC IDENTIFICATION N							
C C00212308		3. IS THIS REPORT	\ <u>/</u>	IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	<u>_</u>	Mar 20 (M3)		lun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (	Q1) (-) -	Apr 20 (M4)		lul 20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (	(C) 12-Day PRE-Election	n 📙	Primary (12P				Runoff (12R)
October 15 Quarterly Report (	Report for th	ne:	Convention (	120)	Special (	125)	
January 31 Year-End Report (	YE)E	lection on	11	04	2014	in the State o	of IL
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	t	lection on	M = M /	D = D /	Y	in the State o	of
5. Covering Period 1		)14	through	M - M	/ 15 /	2014	
certify that I have examined t	his Report and to the be	st of my knov	vledge and b	elief it is true	e, correct and	I complete.	
Type or Print Name of Treasure	er Michael E. Flannery						
Signature of Treasurer Micro	hael E. Flannery		[Electronically	Filed] Da	ate 01	/ 21 /	2015
NOTE: Submission of false, error	neous, or incomplete inform	nation may sul	bject the pers	on signing thi	s Report to th	e penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOF Rev. 12/2	

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Duchossois Group PAC** 10 2014 10 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 62690.34 January 1, 2014 (b) Cash on Hand at 55053.12 Beginning of Reporting Period..... 17858.30 0.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 55053.12 80548.64 6(a) and 6(c) for Column B)..... 5000.00 30495.52 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 50053.12 50053.12 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

	_	_
<b>Duchossois</b>	C ** - 1	D A C
DUCNOSSOIS	CHOULD	PAL

Report Covering the Period: From:	01 2014 To	o: 10 15 2014		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees	0.00	17401.37		
(i) Itemized (use Schedule A)	0.00	17401.37		
(ii) Unitemized	0.00	456.93		
(iii) TOTAL (add	0.00			
Lines 11(a)(i) and (ii)	0.00	17858.30		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	0.00	17858.30		
Totals to Line 33, page 5)	0.00	17658.50		
2. Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
B. All Loans Received	0.00	0.00		
		7 7		
Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account	0.00	2.22		
(from Schedule H3)	0.00	0.00		
(b) Lovin France (france Calabet Latts)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(5, 15.3. 113.15.15. (333. 15(4) 4.14. 15(5))		0.00		
. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	17858.30		
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	0.00	17858.30		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures:     (a) Allocated Federal/Non-Federal	1000. 1	Calonida Tour to Bute	
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating  Expenditures	0.00	495.52	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	495.52	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	30000.00	
Independent Expenditures			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(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	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
		7 7 7	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	20405 52	
20, 21, 20, 20, 27, 20(d), 20 and 00(o))	3000.00	30495.52	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	30495.52	

#### **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		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	17858.30		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	17858.30		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	495.52		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
Net Operating Expenditures     (subtract Line 37 from Line 36)	0.00	495.52		

for each category of the period category of the period category of the purpose of biologistic summary Page	SCHEDULE B (FEC Form 3X)	Llea caparata achadula(=)	FOR LINE NUMBER: PAGE 6 OF 6				
Detailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I ' — '	,	00		
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 committees.  NAME OF COMMITTEE (in Full Address of Committee to solicit contributions from such committees.)  NAME OF COMMITTEE (in Full Address of Committee to solicit contributions from such committee.)  NAME OF COMMITTEE (in Full Address of Committee to solicit contributions from such committee.)  NAME OF COMMITTEE (in Full Address of Committee to solicit contributions from such committee.)  NAME OF COMMITTEE (in Full Address of Committee to solicit contributions from such committee.)  NAME OF COMMITTEE (in Full Address of Committee to solicit contributions from such committee.)  National Address of Disbursement  Scenate  Primary  Scenate  Primary  Scenate  Primary  Scenate  Primary  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Off							
Amount of Each Disbursement  State: NH District: 00  Purpose of Disbursement  Candidate Name	Any information copied from such Reports and Statem	lents may not be sold or use					
Duchossois Group PAC  Full Name (Last, First, Middle Initial)  A. NEW HAMPSHIRE FOR SCOTT BROWN  Mailing Address PO BOX 600  City State Zip Code NH 03870  Purpose of Disbursement Us Senate Senate Primary General Other (specify) ▼  State: NH District 00  Thouse of Disbursement Us Senate Senate Primary General Other (specify) ▼  State: NH District 00  Thouse of Disbursement Disbursement For: 2014  Amount of Each Disbursement this Period Category' Type  Office Sought: House President Other (specify) ▼  State: District  Full Name (Last, First, Middle Initial)  State: District  Full Name (Last, First, Middle Initial)  State: District  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  Office Sought: House President Other (specify) ▼  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category' Type  Office Sought: House President Other (specify) ▼  State: District  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  Office Sought: House President Other (specify) ▼  State: District  State: District Other (specify) ▼  Subtotal of Disbursement This Page (optional)							
A. NEW HAMPSHIRE FOR SCOTT BROWN  Mailing Address PO BOX 600  City State Zip Code NH 03870  Purpose of Disbursement US Senate Primary General Primage General	NAME OF COMMITTEE (In Full)						
AN NEW HAMPSHIRE FOR SCOTT BROWN  Mailing Address PO BOX 600  City State Zip Code NH 03870  Purpose of Disbursement US Senate Other (specify) Tother (specify)	Duchossois Group PAC						
AN NEW HAMPSHIRE FOR SCOTT BROWN  Mailing Address PO BOX 600  City State Zip Code NH 03870  Purpose of Disbursement US Senate Other (specify) Tother (specify)	/ Full Name (Last First Middle Initial)						
Mailing Address PO BOX 600  City State Zip Code NH 03870  Furpose of Disbursement US Senate President President State: Disbursement For: 2014  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/  Other (specity) ▼  State Zip Code  Purpose of Disbursement  Candidate Name  Category/  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/  Coher (specity) ▼  State Zip Code  Purpose of Disbursement  Candidate Name  Category/  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/  Coher (specity) ▼  State Zip Code  Purpose of Disbursement This Page (optional)	_	ROWN		Date of Disb	ursement		
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RYE NH 03870  Purpose of Disbursement US Senate  Cardidate Name  SCOTT BROWN  Office Sought: House President State: NH District: 00  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President  Candidate Name  Category/ Type  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House President State: District:  Category/ Type  Office Sought: Amount of Each Disbursement this Period  Category/ Type  Office Sought: President State: Disbursement  Category/ Type  Office Sought: Primary General  Other (specify)   Office Sought: Primary General  Office Sought: Disbursement For: Senate Primary General  Office Sought: Primary General  Office Sough	Mailing Address PO BOX 600			10	09 2014		
RYE NH 03870  Purpose of Disbursement US Senate  Cardidate Name  SCOTT BROWN  Office Sought: House President State: NH District: 00  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House President  Candidate Name  Category/ Type  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House President State: District:  Category/ Type  Office Sought: Amount of Each Disbursement this Period  Category/ Type  Office Sought: President State: Disbursement  Category/ Type  Office Sought: Primary General  Other (specify)   Office Sought: Primary General  Office Sought: Disbursement For: Senate Primary General  Office Sought: Primary General  Office Sough	City	State Zip Code					
US Senate Candidate Name SCOTT BROWN  Office Sought:    House				Transaction	n ID : SB23.7248		
Candidate Name SCOTT BROWN Office Sought: House President Primary General President State: Distursement For: 2014  Mailing Address City State Zip Code  Purpose of Disbursement State: District:  Mailing Address City State Zip Code  Purpose of Disbursement Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President State: District:  Mailing Address City State Zip Code  Purpose of Disbursement This Period Category/ Type  Office Sought: House Disbursement For: Senate Primary General President State: District:  Mailing Address City State Zip Code  Purpose of Disbursement Category/ Type  Office Sought: House Disbursement For: Gategory/ Type							
SCOTT BROWN  Office Sought: House President Primary General President Primary General President Primary General President Pres			011	Amount of E	ach Disbursement this Period		
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Senate President Other (specify)  State: NH District: 00  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: Other (specify)   Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: Amount of Each Disbursement this Period  Category/ Type  Office Sought: Other (specify)   Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House President Other (specify)   Category/ Type  Office Sought: House President Other (specify)   State: District: Other (specify)   Office Sought: House President Other (specify)   State: District: Other (specify)   Substortal of Disbursements This Page (optional)		nent For: 2014	1,900		7		
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City State Zip Code  Purpose of Disbursement  Candidate Name  City Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/ Tiype  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Tiype  Office Sought: House Primary General Primary General President Other (specify) ▼  Substotal of Disbursement This Page (optional)	,			Date of Dish	ursement		
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Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Disbursement For: Senate Primary General  Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Substortal of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	Туре		7		
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Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Substrotal of Disbursements This Page (optional)							
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Substrotal of Disbursements This Page (optional)	•			Date of Dist	uvaamant		
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	<b>U.</b>						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substitute: State S	Mailing Address			M = M /	U = U		
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)  Subtrotal of Disbursement For:  Senate Primary General Other (specify) ▼  5000.00							
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substruct: District:   Substruct: Substruct: Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period	City	State Zip Code					
Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substruct: 5000.00	Purpose of Disbursement						
Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substruct: 5000.00				Amount of E	ach Disbursement this Period		
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Category/						
Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Dichuses	nent For:	Туре				
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)							
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	TOTAL This Povind (lost none this line number and )				5000.00		