



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Illinois Republican Party

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="46495.64"/>	<input type="text" value="46495.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="435421.6"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="280041.87"/>	<input type="text" value="1750109.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="715463.47"/>	<input type="text" value="1796605.1"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="333390.55"/>	<input type="text" value="1414532.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="382072.92"/>	<input type="text" value="382072.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

Write or Type Committee Name

Illinois Republican Party

Report Covering the Period: From: 09 / 01 / 2012 To: 09 / 30 / 2012

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).....	97250	477018
(ii) Unitemized .....	3035	148606.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	100285	625624.11
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	72450	302057.68
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	172735	927681.79
12. Transfers From Affiliated/Other Party Committees.....	35000	626100
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	250	250
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	2902	12922.8
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	69154.87	183154.87
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	69154.87	183154.87
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	280041.87	1750109.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	210887	1566954.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	24493.27	145062.14
(ii) Non-Federal Share.....	62982.65	372528.53
(b) Other Federal Operating Expenditures .....	2614.86	228330.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	90090.78	745920.76
22. Transfers to Affiliated/Other Party Committees.....	0	1400
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	10000	10600
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10000	10600
29. Other Disbursements .....	0	41158.82
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	233299.77	615452.6
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	233299.77	615452.6
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	333390.55	1414532.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	270407.9	1042003.65

**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) .....	172735	927681.79
34. Total Contribution Refunds (from Line 28(d)) .....	10000	10600
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	162735	917081.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	27108.13	373392.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	250	250
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26858.13	373142.23

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

Form/Schedule: F3XN  
Transaction ID :

Additional Notes With Regards to H3  
Transfers \_\_\_\_\_ 9/20/2012 transfer for  
\$69,154.87: Allocation Transfer\_\_\_\_\_

Form/Schedule:  
Transaction ID:

**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 7 OF 69
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Donald Haider**

Mailing Address 5347 N Lakewood Avenue

City Chicago State IL Zip Code 60640-2208

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

Name of Employer Northwestern University Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2012**

Transaction ID : **SA11AI12467347672c**

Amount of Each Receipt this Period  
**100**

Receipt

Full Name (Last, First, Middle Initial)  
**B. Douglas Jackson**

Mailing Address 23 Palomino Road

City Springfield State IL Zip Code 62702-1522

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

Name of Employer Self Occupation Investment Banking

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

Transaction ID : **SA11AI220982347627c**

Amount of Each Receipt this Period  
**5000**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Donna Davis**

Mailing Address 401 W Spresser Street

City Taylorville State IL Zip Code 62568-1853

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

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2012**

Transaction ID : **SA11AI221069347345c**

Amount of Each Receipt this Period  
**10000**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>15100.00</b>
<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 8 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial) <b>A. Bradley Davis</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2012 <b>Transaction ID : SA11AI221070347346c</b>
Mailing Address 120 Bel Haven Drive		Amount of Each Receipt this Period 10000
City Taylorville	State IL	Zip Code 62568-9087
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer McDonalds of Pana	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000	

Full Name (Last, First, Middle Initial) <b>B. Karol Davis</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2012 <b>Transaction ID : SA11AI221071347347c</b>
Mailing Address 120 Bel Haven Drive		Amount of Each Receipt this Period 10000
City Taylorville	State IL	Zip Code 62568-9087
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer McDonalds of Pana	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000	

Full Name (Last, First, Middle Initial) <b>C. Brian Medley</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2012 <b>Transaction ID : SA11AI221217347559c</b>
Mailing Address 507 Cameron Way		Amount of Each Receipt this Period 250
City Buffalo Grove	State IL	Zip Code 60089-3268
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Best Practices Inpatient Care, Ltd	Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20250.00
<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 9 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

**A. Brian Medley**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 Cameron Way

City Buffalo Grove State IL Zip Code 60089-3268

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

Name of Employer Best Practices Inpatient Care, Ltd Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : SA11AI221217347560c**

Amount of Each Receipt this Period  
**250**

Receipt

**B. Gerald Zoldan**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 N Lake Shore Drive Apt. 1812

City Chicago State IL Zip Code 60611-5643

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

Name of Employer Morrisey Associates, Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA11AI221277347604c**

Amount of Each Receipt this Period  
**1000**

Receipt

**C. Richard Stein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1669 Marshall Drive

City Des Plaines State IL Zip Code 60018-1840

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

Name of Employer Illinois Auto Truck Co., Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI221291347619c**

Amount of Each Receipt this Period  
**5000**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>6250.00</b>
<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 10 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Michael Morgan**  
 Mailing Address 1549 Greenwood Avenue  
 City State Zip Code  
 Deerfield IL 60015-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Interstate Tenent Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI221292347620c**  
 Amount of Each Receipt this Period  
 5000  
 Receipt

Full Name (Last, First, Middle Initial)  
**B. Keith Shapiro**  
 Mailing Address 280 Cedar Avenue  
 City State Zip Code  
 Highland Park IL 60035-4138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Greenberg Traurig, LLP Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI221293347621c**  
 Amount of Each Receipt this Period  
 5000  
 Receipt

Full Name (Last, First, Middle Initial)  
**C. Glenn Herzberger**  
 Mailing Address PO Box 11  
 City State Zip Code  
 Bluff Springs IL 62622-0011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2012  
**Transaction ID : SA11AI221297347679c**  
 Amount of Each Receipt this Period  
 400  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

**A. Dr. Pavinderpal Gill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3510 Roosevelt Road  
City Taylorville State IL Zip Code 62568-8910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spfd. Clinic Taylorville Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500**

Date of Receipt **09 / 26 / 2012**  
**Transaction ID : SA11AI221298347680c**  
Amount of Each Receipt this Period **500**  
Receipt

**B. Donald Tracy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1429 E Lake Shore Drive  
City Springfield State IL Zip Code 62712-5526  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brown Hay & Stephens Llp Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **6700**

Date of Receipt **09 / 05 / 2012**  
**Transaction ID : SA11AI36964347290c**  
Amount of Each Receipt this Period **5000**  
Receipt

**C. Martin Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 W Spresser Street  
City Taylorville State IL Zip Code 62568-1853  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McDonalds-M Davis Mgmt Co Occupation Owner  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **10000**

Date of Receipt **09 / 11 / 2012**  
**Transaction ID : SA11AI46786347344c**  
Amount of Each Receipt this Period **10000**  
Receipt

**SUBTOTAL** of Receipts This Page (optional)..... **15500.00**  
**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 12 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Thomas Rakow**

Mailing Address PO Box 545

City State Zip Code  
 Elgin IL 60121-0545

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

Name of Employer Occupation  
 IHC Construction Contractor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 09 / 25 / 2012  
**Transaction ID : SA11AI53242347644c**

Amount of Each Receipt this Period  
 1000

Receipt

Full Name (Last, First, Middle Initial)  
**B. Steven Hefter**

Mailing Address 2386 Tennyson Lane

City State Zip Code  
 Highland Park IL 60035-1649

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

Name of Employer Occupation  
 Wells Fargo Investment Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 09 / 11 / 2012  
**Transaction ID : SA11AI62609347561c**

Amount of Each Receipt this Period  
 1000

Receipt

Full Name (Last, First, Middle Initial)  
**C. Paul Tucker**

Mailing Address 49 Trout Drive

City State Zip Code  
 Highland IL 62249-1783

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250

Date of Receipt  
 09 / 25 / 2012  
**Transaction ID : SA11AI70610347671c**

Amount of Each Receipt this Period  
 250

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 69
	<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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Jerrold Senser**

Mailing Address 55 S Deere Park Drive

City Highland Park State IL Zip Code 60035-5370

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

Name of Employer Institutional Capital Occupation Securities Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2012**

**Transaction ID : SA11AI-7644-347626-c**

Amount of Each Receipt this Period  
**2500**

Receipt

Full Name (Last, First, Middle Initial)  
**B. James Bruner**

Mailing Address 202 Carobeth Drive

City Jacksonville State IL Zip Code 62650-2699

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

Name of Employer United Contractors Midwest Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2012**

**Transaction ID : SA11AI77125347348c**

Amount of Each Receipt this Period  
**10000**

Receipt

Full Name (Last, First, Middle Initial)  
**C. Larry Kugler**

Mailing Address 234 Maple Hill Road

City Glencoe State IL Zip Code 60022-1219

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

Name of Employer Millard Group Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11AI-7803-347618-c**

Amount of Each Receipt this Period  
**5000**

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>17500.00</b>
<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 14 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Andy Van Meter**

Mailing Address 6 Fair Oaks Street

City Springfield State IL Zip Code 62704-3222

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

Name of Employer Self-Employed Occupation CPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2012  
**Transaction ID : SA11AI91103347351c**

Amount of Each Receipt this Period  
10000

Receipt

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	97250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 69
<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

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

NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

**A. Bobby Schilling for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 367 Avenue Of The Cities  
Suite D

City East Moline State IL Zip Code 61244-4053

FEC ID number of contributing federal political committee. **C** C00459354

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45450

Date of Receipt  
09 / 18 / 2012  
**Transaction ID : SA11C113965347828c**

Amount of Each Receipt this Period  
45450

**B. Franchising Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1501 K Street NW  
Suite 350

City Washington State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
09 / 27 / 2012  
**Transaction ID : SA11C221300347682c**

Amount of Each Receipt this Period  
5000

Receipt

**C. Lincoln PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690-3968

FEC ID number of contributing federal political committee. **C** C00491241

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000

Date of Receipt  
09 / 05 / 2012  
**Transaction ID : SA11C149068347289c**

Amount of Each Receipt this Period  
5000

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55450.00
<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 16 OF 69  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. People For Enterprise, Trade & Economic Growth**  
 Mailing Address 7804 Evening Lane  
 City State Zip Code  
 Alexandria VA 22306-2754  
 FEC ID number of contributing federal political committee. **C** C00005926  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11C221289347617c**  
 Amount of Each Receipt this Period  
 5000  
 Receipt

Full Name (Last, First, Middle Initial)  
**B. Republican Main Street PAC**  
 Mailing Address 1220 L Street NW  
 Suite 100-263  
 City State Zip Code  
 Washington DC 20005-4018  
 FEC ID number of contributing federal political committee. **C** C00165159  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2012  
**Transaction ID : SA11C221194347461c**  
 Amount of Each Receipt this Period  
 5000  
 Receipt

Full Name (Last, First, Middle Initial)  
**C. The Boeing Company Political Action Committee**  
 Mailing Address 1200 Wilson Boulevard  
 City State Zip Code  
 Arlington VA 22209-2300  
 FEC ID number of contributing federal political committee. **C** C00142711  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012  
**Transaction ID : SA11C221192347459c**  
 Amount of Each Receipt this Period  
 2000  
 Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 69  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Tuesday Group Political Action Committee**

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008-0786

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 09 / 05 / 2012  
**Transaction ID : SA11C146493347288c**

Amount of Each Receipt this Period  
 5000

Receipt

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	72450.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 69  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)  
**A. Republican National Committee**

Mailing Address 310 1st Street SE

City Washington State DC Zip Code 20003-1885

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
79700

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012  
**Transaction ID : SA12-151439-347827-c**

Amount of Each Receipt this Period  
35000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 19 OF 69
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Medley**

Mailing Address 507 Cameron Way

City Buffalo Grove State IL Zip Code 60089-3268

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

Name of Employer Best Practices Inpatient Care, Ltd Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012

**Transaction ID : SA15-221217-347904-e**

Amount of Each Receipt this Period  
 250

Contribution Refund

**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).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

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

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

FOR LINE NUMBER: PAGE 20 OF 69  
(check only one)

<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)  
**Illinois Republican Party**

**A. West Bend Mutual Insurance**  
Full Name (Last, First, Middle Initial)  
Mailing Address 188 Industrial Dr., Ste. 430

City Elmhurst	State IL	Zip Code 60126
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2902**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	24	/	2012

**Transaction ID : SA17-155624-347625-m**

Amount of Each Receipt this Period  

2902
------

**Insurance Refund**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2902.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2902.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. ComEd**

Mailing Address 440 S La Salle Street  
Floor 33

City Chicago State IL Zip Code 60605-1028

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B114581347922e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DirectTV**

Mailing Address PO Box 60036

City Los Angeles State CA Zip Code 90060-0036

Purpose of Disbursement  
Cable Television

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B140065347855e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ElectionMall Technologies, Inc.**

Mailing Address 1101 Pennsylvania Avenue NW  
Floor 6

City Washington State DC Zip Code 20004-2544

Purpose of Disbursement  
Online Donation Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B112197347558e**

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Piryx Inc.**

Mailing Address 144 2nd Street  
Floor 1

City San Francisco State CA Zip Code 94105-3718

Purpose of Disbursement  
Online donation fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2012

Transaction ID : **SB21B214972347587e**

Amount of Each Disbursement this Period

477.79

Full Name (Last, First, Middle Initial)

**B. Rodney for Congress**

Mailing Address PO Box

City Taylorville State IL Zip Code 62568

Purpose of Disbursement  
Contribution - Fundraiser

007

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2012

Transaction ID : **SB21B220902347958e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Square, Inc.**

Mailing Address 901 Mission Street

City San Francisco State CA Zip Code 94103-2905

Purpose of Disbursement  
Credit Card Transaction Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2012

Transaction ID : **SB21B219543347622e**

Amount of Each Disbursement this Period

700.6

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

1678.39

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**

Mailing Address 901 Mission Street

City San Francisco State CA Zip Code 94103-2905

Purpose of Disbursement  
Credit card processing fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SB21B219543347678e

Amount of Each Disbursement this Period

1.03

Full Name (Last, First, Middle Initial)

**B. US Bank**

Mailing Address PO Box 790448

City Saint Louis State MO Zip Code 63179-0448

Purpose of Disbursement  
Copier/Scanner Lease

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

Transaction ID : SB21B111289347921e

Amount of Each Disbursement this Period

515.94

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

516.97

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

2614.86

**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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. David Grainger**

Mailing Address 100 Grainger Parkway

City Lake Forest State IL Zip Code 60045-5202

Purpose of Disbursement  
Contribution Refund - Overlimit

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2012

Transaction ID : SB28a-2549-347829-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B. Robert Stuart Jr**

Mailing Address 1601 Conway Road

City Lake Forest State IL Zip Code 60045-2517

Purpose of Disbursement  
Overlimit - Contribution Refund

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2012

Transaction ID : SB28a-27938-347901-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10000.00

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

10000.00

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. 41 North LLC**

Mailing Address 3330 Skokie Valley Road

City Highland Park State IL Zip Code 60035-1035

Purpose of Disbursement  
FEA 100% Federal: Rent - Highland Park

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 / 07 / 2012

Transaction ID : **SB30b220992347833e**

Amount of Each Disbursement this Period

4000

Full Name (Last, First, Middle Initial)

**B. Advantage, Inc.**

Mailing Address 2300 Clarendon Boulevard

City Arlington State VA Zip Code 22201-3398

Purpose of Disbursement  
Auto-Dials - Volunteer Recruitment

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 / 16 / 2012

Transaction ID : **SB30b208525347895e**

Amount of Each Disbursement this Period

883.97

Full Name (Last, First, Middle Initial)

**C. Comcast Cable**

Mailing Address PO Box 3001

City Southeastern State PA Zip Code 19398-3001

Purpose of Disbursement  
FEA 100% Federal: Cable Internet

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 / 2012

Transaction ID : **SB30b176224347856e**

Amount of Each Disbursement this Period

133.95

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

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

5017.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Comcast Cable**

Mailing Address PO Box 3001

City Southeastern State PA Zip Code 19398-3001

Purpose of Disbursement  
Cable & Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2012

Transaction ID : **SB30b176224347892e**

Amount of Each Disbursement this Period

475.55

Full Name (Last, First, Middle Initial)

**B. Comcast Cable**

Mailing Address PO Box 3001

City Southeastern State PA Zip Code 19398-3001

Purpose of Disbursement  
Cable and Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2012

Transaction ID : **SB30b176224347898e**

Amount of Each Disbursement this Period

293.18

Full Name (Last, First, Middle Initial)

**C. Consolidated Communications**

Mailing Address 121 S 17th Street

City Mattoon State IL Zip Code 61938-3915

Purpose of Disbursement  
FEA 100% Federal: Internet Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2012

Transaction ID : **SB30b202406347891e**

Amount of Each Disbursement this Period

371.83

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

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

1140.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Consolidated Communications**

Mailing Address 121 S 17th Street

City Mattoon State IL Zip Code 61938-3915

Purpose of Disbursement  
FEA 100% Federal: Internet Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b202406347893e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Larkin Brody & Associates**

Mailing Address 5517 Macarthur Boulevard NW

City Washington State DC Zip Code 20016-2535

Purpose of Disbursement  
FEA 100% Federal: Direct Mail

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b112567347903e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ross Management**

Mailing Address 1601 Barclay Boulevard

City Buffalo Grove State IL Zip Code 60089-4544

Purpose of Disbursement  
Office Rent - Lincoln Park

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b220901347832e**

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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Targeted Creative Communications, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2012

Mailing Address 106 S Columbus Street

**Transaction ID : SB30b117461347900e**

City Alexandria State VA Zip Code 22314-3036

Amount of Each Disbursement this Period

19865.35
----------

Purpose of Disbursement  
FEA 100% Federal: Direct Mail

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Targeted Creative Communications, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	20	/	2012

Mailing Address 106 S Columbus Street

**Transaction ID : SB30b117461347899e**

City Alexandria State VA Zip Code 22314-3036

Amount of Each Disbursement this Period

41467.4
---------

Purpose of Disbursement  
FEA 100% Federal: Direct Mail

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Targeted Creative Communications, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2012

Mailing Address 106 S Columbus Street

**Transaction ID : SB30b117461347916e**

City Alexandria State VA Zip Code 22314-3036

Amount of Each Disbursement this Period

38479.09
----------

Purpose of Disbursement  
FEA 100% Federal: Direct Mail

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

99811.84
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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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Targeted Creative Communications, Inc.**

Mailing Address 106 S Columbus Street

City Alexandria State VA Zip Code 22314-3036

Purpose of Disbursement  
FEA 100% Federal: Direct Mail

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b117461347924e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. The Stoneridge Group, LLC**

Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
FEA 100% Federal: Website Hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b114148347894e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Stoneridge Group, LLC**

Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
FEA 100% Federal: Website Development

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b114148347908e**

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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Karl Bair**

Mailing Address 928 W Rusholme Street

City Davenport State IA Zip Code 52804-1822

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b222953347902e**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Karl Bair**

Mailing Address 928 W Rusholme Street

City Davenport State IA Zip Code 52804-1822

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b222953347914e**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Karl Bair**

Mailing Address 928 W Rusholme Street

City Davenport State IA Zip Code 52804-1822

Purpose of Disbursement  
Reimbursement - Meals & Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b222953347915e**

Amount of Each Disbursement this Period

Category/  
Type

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

### A. Anthony Barry

Mailing Address 502 Teri Lane

City Yorkville State IL Zip Code 60560-1276

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB30b220995347859e

Amount of Each Disbursement this Period

1250

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. Anthony Barry

Mailing Address 502 Teri Lane

City Yorkville State IL Zip Code 60560-1276

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b220995347926e

Amount of Each Disbursement this Period

1250

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Anthony Barry

Mailing Address 502 Teri Lane

City Yorkville State IL Zip Code 60560-1276

Purpose of Disbursement  
Reimbursement - meals and travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b220995347927e

Amount of Each Disbursement this Period

185

Category/  
Type

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

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

2685.00

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Jonathan Blessing**

Mailing Address 1518 N Sedgwick Street  
Unit B

City Chicago State IL Zip Code 60610-1223

Purpose of Disbursement  
Reimbursement - Staff Hotel at Liason Capitol Hill, DC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b-69484-347905-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Greg Bobrinsky**

Mailing Address 707 Glenridge Drive

City Glenview State IL Zip Code 60025-4475

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b220986347861e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Greg Bobrinsky**

Mailing Address 707 Glenridge Drive

City Glenview State IL Zip Code 60025-4475

Purpose of Disbursement  
Reimbursement - Staples - Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b220986347862e**

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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Greg Bobrinskoy**

Mailing Address 707 Glenridge Drive

City State Zip Code  
Glenview IL 60025-4475

Purpose of Disbursement  
Reimbursement - Home Depot - Phone Bank Equipment

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 / 14 / 2012

Transaction ID : SB30b220986347863e

Amount of Each Disbursement this Period

186.51

Full Name (Last, First, Middle Initial)

**B. Greg Bobrinskoy**

Mailing Address 707 Glenridge Drive

City State Zip Code  
Glenview IL 60025-4475

Purpose of Disbursement  
Reimbursement - Meals for Volunteers

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 / 14 / 2012

Transaction ID : SB30b220986347864e

Amount of Each Disbursement this Period

298.7

Full Name (Last, First, Middle Initial)

**C. Greg Bobrinskoy**

Mailing Address 707 Glenridge Drive

City State Zip Code  
Glenview IL 60025-4475

Purpose of Disbursement  
Reimbursement - Radio Shack - Phone Bank Equipment

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 / 14 / 2012

Transaction ID : SB30b220986347865e

Amount of Each Disbursement this Period

121.28

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

606.49

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Greg Bobrinsky**

Mailing Address 707 Glenridge Drive

City State Zip Code  
Glenview IL 60025-4475

Purpose of Disbursement  
Reimbursement - Meals for Volunteers

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 / 14 / 2012

Transaction ID : **SB30b220986347866e**

Amount of Each Disbursement this Period

361.88

Full Name (Last, First, Middle Initial)

**B. Greg Bobrinsky**

Mailing Address 707 Glenridge Drive

City State Zip Code  
Glenview IL 60025-4475

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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 / 30 / 2012

Transaction ID : **SB30b220986347930e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. Richard Bossert**

Mailing Address 165 N Canal Street

City State Zip Code  
Chicago IL 60606-1408

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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 / 14 / 2012

Transaction ID : **SB30b220910347867e**

Amount of Each Disbursement this Period

2000

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

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

3861.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Richard Bossert**

Mailing Address 165 N Canal Street

City Chicago State IL Zip Code 60606-1408

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : **SB30b220910347931e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**B. Jonathan Callaway**

Mailing Address 20847 W Brockton Court

City Plainfield State IL Zip Code 60544-9572

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : **SB30b211787347868e**

Amount of Each Disbursement this Period

2750

Full Name (Last, First, Middle Initial)

**C. Jonathan Callaway**

Mailing Address 20847 W Brockton Court

City Plainfield State IL Zip Code 60544-9572

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : **SB30b211787347932e**

Amount of Each Disbursement this Period

2500

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

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

7250.00

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Jonathan Callaway**

Mailing Address 20847 W Brockton Court

City State Zip Code  
Plainfield IL 60544-9572

Purpose of Disbursement  
Reimbursement - Travel and Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b211787347933e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Andrew Flach**

Mailing Address 2713 Bennington Drive

City State Zip Code  
Springfield IL 62704-4224

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b-38484-347872-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Andrew Flach**

Mailing Address 2713 Bennington Drive

City State Zip Code  
Springfield IL 62704-4224

Purpose of Disbursement  
Reimbursement - Office Furniture

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30b-38484-347910-e**

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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Lauren Fleming**

Mailing Address 17260 W Simpson Road

City State Zip Code  
Old Mill Creek IL 60083-9506

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

09 / 14 / 2012

Transaction ID : **SB30b219538347873e**

Amount of Each Disbursement this Period

2150

Full Name (Last, First, Middle Initial)

**B. Lauren Fleming**

Mailing Address 17260 W Simpson Road

City State Zip Code  
Old Mill Creek IL 60083-9506

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

09 / 30 / 2012

Transaction ID : **SB30b219538347938e**

Amount of Each Disbursement this Period

2150

Full Name (Last, First, Middle Initial)

**C. Jill Gordon**

Mailing Address 722 W Vine Street

City State Zip Code  
Springfield IL 62704-2849

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

09 / 14 / 2012

Transaction ID : **SB30b220996347875e**

Amount of Each Disbursement this Period

1000

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

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

5300.00

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Jill Gordon**

Mailing Address 722 W Vine Street

City Springfield State IL Zip Code 62704-2849

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : SB30b220996347940e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Zenn James**

Mailing Address 2610 Oakton Street

City Park Ridge State IL Zip Code 60068-1837

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

**Transaction ID : SB30b-41380-347888-e**

Amount of Each Disbursement this Period

1250

Full Name (Last, First, Middle Initial)

**C. Zenn James**

Mailing Address 2610 Oakton Street

City Park Ridge State IL Zip Code 60068-1837

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

**Transaction ID : SB30b-41380-347956-e**

Amount of Each Disbursement this Period

1250

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

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

3500.00

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Katherine Kargl**

Mailing Address 5610 Brookbank Road

City Downers Grove State IL Zip Code 60516-1361

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b219542347876e**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Katherine Kargl**

Mailing Address 5610 Brookbank Road

City Downers Grove State IL Zip Code 60516-1361

Purpose of Disbursement  
Reimbursement - Travel and Meals for Volunteers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b219542347909e**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Katherine Kargl**

Mailing Address 5610 Brookbank Road

City Downers Grove State IL Zip Code 60516-1361

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB30b219542347941e**

Amount of Each Disbursement this Period

Category/  
Type

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Radogno Flight for Natl Convention

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 / 07 / 2012

**Transaction ID : SB30b215256347835e**

Amount of Each Disbursement this Period

433.6

Full Name (Last, First, Middle Initial)

**B. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Shuh Flight - Natl Convention

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 / 07 / 2012

**Transaction ID : SB30b215256347836e**

Amount of Each Disbursement this Period

562.2

Full Name (Last, First, Middle Initial)

**C. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Starbuck Coffee Gift Cards - Natl Convention

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 / 07 / 2012

**Transaction ID : SB30b215256347837e**

Amount of Each Disbursement this Period

1759.95

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

2755.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Gift Bag Materials - Natl Convention

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 / 07 / 2012

Transaction ID : **SB30b215256347838e**

Amount of Each Disbursement this Period

39.96

Full Name (Last, First, Middle Initial)

**B. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Amazon.com - Gift Bag Materials

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 / 07 / 2012

Transaction ID : **SB30b215256347839e**

Amount of Each Disbursement this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Sheraton Hotel Deposit - Natl Convention

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 / 07 / 2012

Transaction ID : **SB30b215256347840e**

Amount of Each Disbursement this Period

400

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

523.30

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Office Depot - Natl Convention Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : **SB30b215256347841e**

Amount of Each Disbursement this Period

567.25

Full Name (Last, First, Middle Initial)

**B. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Alphagraphics - Natl Convention Credentials

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : **SB30b215256347842e**

Amount of Each Disbursement this Period

740.59

Full Name (Last, First, Middle Initial)

**C. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Goodman Assoc. - Banners - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : **SB30b215256347843e**

Amount of Each Disbursement this Period

245

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

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

1552.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Southwest Airlines - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b215256347844e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Kinkos - Sponsor Signs - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b215256347845e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Sheraton Hotel - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30b215256347846e**

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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Walgreens Office supplies - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB30b215256347847e

Amount of Each Disbursement this Period

40.86

Full Name (Last, First, Middle Initial)

**B. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Kings Executives - Buses - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB30b215256347848e

Amount of Each Disbursement this Period

10670

Full Name (Last, First, Middle Initial)

**C. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Sheraton Hotel - Rooms - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB30b215256347849e

Amount of Each Disbursement this Period

1067.65

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

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

11778.51

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Laz Parking - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : SB30b215256347850e**

Amount of Each Disbursement this Period

20

Full Name (Last, First, Middle Initial)

**B. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Enterprise Rental Car - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : SB30b215256347851e**

Amount of Each Disbursement this Period

522.46

Full Name (Last, First, Middle Initial)

**C. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Sheraton Hotel - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : SB30b215256347852e**

Amount of Each Disbursement this Period

25.12

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

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

567.58

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Barret Kedzior**

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - SW Airlines - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB30b215256347853e**

Amount of Each Disbursement this Period

**B. Barret Kedzior**

Full Name (Last, First, Middle Initial)

Mailing Address 3040 N Sheffield Avenue

City Chicago State IL Zip Code 60657-5799

Purpose of Disbursement  
Reimbursement - Super Shuttle - Natl Convention

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB30b215256347854e**

Amount of Each Disbursement this Period

**C. Margaret Kettelkamp**

Full Name (Last, First, Middle Initial)

Mailing Address 1161 N 1250 East Road

City Taylorville State IL Zip Code 62568-8112

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB30b220912347877e**

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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Margaret Kettelkamp**

Mailing Address 1161 N 1250 East Road

City Taylorville State IL Zip Code 62568-8112

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : **SB30b220912347942e**

Amount of Each Disbursement this Period

1500

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. James Minardi**

Mailing Address 8421 Gleneyre Road

City Darien State IL Zip Code 60561-5321

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : **SB30b220737347943e**

Amount of Each Disbursement this Period

1250

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Andrew Moore**

Mailing Address 3003 SE 22nd Street

City Ankeny State IA Zip Code 50021-9581

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

Transaction ID : **SB30b219541347830e**

Amount of Each Disbursement this Period

1500

Category/  
Type

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

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

4250.00

# 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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

### A. Andrew Moore

Mailing Address 3003 SE 22nd Street

City Ankeny State IA Zip Code 50021-9581

Purpose of Disbursement  
Travel, Meal & Expense Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2012

Transaction ID : SB30b219541347831e

Amount of Each Disbursement this Period

227.78

### B. Andrew Moore

Mailing Address 3003 SE 22nd Street

City Ankeny State IA Zip Code 50021-9581

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB30b219541347878e

Amount of Each Disbursement this Period

1500

### C. Andrew Moore

Mailing Address 3003 SE 22nd Street

City Ankeny State IA Zip Code 50021-9581

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b219541347944e

Amount of Each Disbursement this Period

1500

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

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

3227.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Andrew Moore**

Mailing Address 3003 SE 22nd Street

City Ankeny State IA Zip Code 50021-9581

Purpose of Disbursement  
Reimbursement - Travel and Meals

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 / 30 / 2012

**Transaction ID : SB30b219541347945e**

Amount of Each Disbursement this Period

154.48

Full Name (Last, First, Middle Initial)

**B. Oden Rice**

Mailing Address 28 Ramsgate

City Collinsville State IL Zip Code 62234-4868

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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 / 14 / 2012

**Transaction ID : SB30b-9133-347882-e**

Amount of Each Disbursement this Period

1250

Full Name (Last, First, Middle Initial)

**C. Oden Rice**

Mailing Address 28 Ramsgate

City Collinsville State IL Zip Code 62234-4868

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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 / 30 / 2012

**Transaction ID : SB30b-9133-347947-e**

Amount of Each Disbursement this Period

1250

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

2654.48

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

### A. Katie Schilling

Mailing Address 1100 20th Avenue

City East Moline State IL Zip Code 61244-2222

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB30b219537347883e

Amount of Each Disbursement this Period

1250

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. Katie Schilling

Mailing Address 1100 20th Avenue

City East Moline State IL Zip Code 61244-2222

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b219537347948e

Amount of Each Disbursement this Period

1250

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Katelyn Wallace

Mailing Address 1120 Ekstam Drive  
Apt. 102

City Bloomington State IL Zip Code 61704-6301

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b214692347950e

Amount of Each Disbursement this Period

1500

Category/  
Type

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

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

4000.00

**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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Katelyn Wallace**

Mailing Address 1120 Ekstam Drive  
Apt. 102

City Bloomington State IL Zip Code 61704-6301

Purpose of Disbursement  
FEA 100% Federal: Reimbursement - Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b214692347951e

Amount of Each Disbursement this Period

419.5

Full Name (Last, First, Middle Initial)

**B. Andrew Weissert**

Mailing Address 2683 Stewart Avenue

City Evanston State IL Zip Code 60201-1489

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2012

Transaction ID : SB30b-4031-347885-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**C. Andrew Weissert**

Mailing Address 2683 Stewart Avenue

City Evanston State IL Zip Code 60201-1489

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2012

Transaction ID : SB30b-4031-347952-e

Amount of Each Disbursement this Period

2000

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

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

4419.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Ashley Wheatley**

Mailing Address 2101 Old US Highway 51

City State Zip Code  
Makanda IL 62958-2601

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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
09	/	14	/	2012

Transaction ID : SB30b221197347886e

Amount of Each Disbursement this Period

500
-----

Full Name (Last, First, Middle Initial)

**B. Ashley Wheatley**

Mailing Address 2101 Old US Highway 51

City State Zip Code  
Makanda IL 62958-2601

Purpose of Disbursement  
FEA 100% Federal: FEA payroll

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
09	/	30	/	2012

Transaction ID : SB30b221197347953e

Amount of Each Disbursement this Period

500
-----

Full Name (Last, First, Middle Initial)

**C. Christopher Wheatley**

Mailing Address 62 Alfalfa Road

City State Zip Code  
Murphysboro IL 62966-5431

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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
09	/	14	/	2012

Transaction ID : SB30b220987347887e

Amount of Each Disbursement this Period

1000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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)  
**Illinois Republican Party**

Full Name (Last, First, Middle Initial)

**A. Christopher Wheatley**

Mailing Address 62 Alfalfa Road

City State Zip Code  
Murphysboro IL 62966-5431

Purpose of Disbursement  
FEA 100% Federal: FEA Payroll

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	/	30	/	2012

Transaction ID : SB30b220987347954e

Amount of Each Disbursement this Period

1500
------

Full Name (Last, First, Middle Initial)

**B. Christopher Wheatley**

Mailing Address 62 Alfalfa Road

City State Zip Code  
Murphysboro IL 62966-5431

Purpose of Disbursement  
Reimbursement - meals and travel

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	/	30	/	2012

Transaction ID : SB30b220987347955e

Amount of Each Disbursement this Period

393.66
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1893.66
---------

233299.77
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**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Illinois Republican Party

Transaction ID : H1

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

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

NAME OF COMMITTEE (In Full)  
 Illinois Republican Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Illinois Republican Party	MM / DD / YYYY 09 / 20 / 2012	69154.87

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	69154.87
<b>Transaction ID : H3A-41170-337075</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	69154.87
<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).....	69154.87

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Advantage Payroll Services</b> Mailing Address 1000 E Warrenville Road		<b>Transaction ID : H4-114528-347890-e</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	
City Naperville State IL Zip Code 60563-1867				Allocated Activity or Event Year-To-Date 513504.9	
Purpose of Disbursement: Payroll Processing Fees		<input type="checkbox"/>		Date 09 / 14 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31		Category/Type			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
27.03 + 69.49 = 96.52					

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Cole Taylor Bank</b> Mailing Address 9550 W Higgins Road		<b>Transaction ID : H4-111578-347907-e</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	
City Rosemont State IL Zip Code 60018-4906				Allocated Activity or Event Year-To-Date 513504.9	
Purpose of Disbursement: Bank Analysis Fees		<input type="checkbox"/>		Date 09 / 20 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31		Category/Type			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
203.35 + 522.91 = 726.26					

<b>C. Full Name (Last, First, Middle Initial)</b> <b>DirectTV</b> Mailing Address PO Box 60036		<b>Transaction ID : H4-140065-347919-e</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	
City Los Angeles State CA Zip Code 90060-0036				Allocated Activity or Event Year-To-Date 513504.9	
Purpose of Disbursement: Cable TV		<input type="checkbox"/>		Date 09 / 25 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31		Category/Type			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
38.64 + 99.35 = 137.99					

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
269.02		691.75		960.77

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>FLS Connect, LLC</b> Mailing Address 7300 Hudson Boulevard N City Saint Paul State MN Zip Code 55128-7141 Purpose of Disbursement: Voter Contact Product Activity or Event Identifier: 9000:ADMINISTRATION B 31		<b>Transaction ID : H4-142101-347912-e</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 Allocated Activity or Event Year-To-Date: 513504.9 Date: 09 / 20 / 2012		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1012.7		2604.1		3616.8

<b>B. Full Name (Last, First, Middle Initial)</b> <b>GOP Shoppe</b> Mailing Address 883 Airport Park Road Suite C City Glen Burnie State MD Zip Code 21061-2556 Purpose of Disbursement: Yard Signs Activity or Event Identifier: 9000:ADMINISTRATION B 31		<b>Transaction ID : H4-220906-347834-e</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 Allocated Activity or Event Year-To-Date: 513504.9 Date: 09 / 07 / 2012		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5057.44		13004.84		18062.28

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Law Offices of John Fogarty Jr.</b> Mailing Address 4043 N Ravenswood Avenue Suite 225 City Chicago State IL Zip Code 60613-5682 Purpose of Disbursement: Legal Consulting Activity or Event Identifier: 9000:ADMINISTRATION B 31		<b>Transaction ID : H4-114458-347911-e</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 Allocated Activity or Event Year-To-Date: 513504.9 Date: 09 / 20 / 2012		
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1400		3600		5000

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7470.14		19208.94		26679.08

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial) <b>LexisNexis</b>		Transaction ID : <b>H4-127620-347918-e</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 2314 PO Box			Allocated Activity or Event Year-To-Date 513504.9	
City Carol Stream	State IL	Zip Code 60132-0001	Date 09 / 25 / 2012	
Purpose of Disbursement: Research Product		Category/ Type	Date 09 / 25 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31			Date 09 / 25 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	
52.32			134.52	
		=	TOTAL AMOUNT	
			186.84	

B. Full Name (Last, First, Middle Initial) <b>MegaPath</b>		Transaction ID : <b>H4-222954-347920-e</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 PO Box 120324			Allocated Activity or Event Year-To-Date 513504.9	
City Dallas	State TX	Zip Code 75312-0324	Date 09 / 25 / 2012	
Purpose of Disbursement: VoIP Phones in Office		Category/ Type	Date 09 / 25 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31			Date 09 / 25 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	
0			0	
		=	TOTAL AMOUNT	
			0	

C. Full Name (Last, First, Middle Initial) <b>MK 55 West Investor LLC</b>		Transaction ID : <b>H4-216050-347857-e</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 55 W Monroe Street			Allocated Activity or Event Year-To-Date 513504.9	
City Chicago	State IL	Zip Code 60603-5001	Date 09 / 10 / 2012	
Purpose of Disbursement: Office Rent		Category/ Type	Date 09 / 10 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31			Date 09 / 10 / 2012	
FEDERAL SHARE		+	NONFEDERAL SHARE	
1038.92			2671.52	
		=	TOTAL AMOUNT	
			3710.44	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1091.24		2806.04		3897.28

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial) <b>Staples</b>		Transaction ID : H4-111662-347897-e	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 111 N Wabash Avenue			Allocated Activity or Event Year-To-Date 513504.9	
City Chicago	State IL	Zip Code 60602-1903	Date 09 / 16 / 2012	
Purpose of Disbursement: Office Supplies		Category/ Type	Date 09 / 16 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
71.4			183.6	255

B. Full Name (Last, First, Middle Initial) <b>Staples</b>		Transaction ID : H4-111662-347917-e	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 111 N Wabash Avenue			Allocated Activity or Event Year-To-Date 513504.9	
City Chicago	State IL	Zip Code 60602-1903	Date 09 / 25 / 2012	
Purpose of Disbursement: Office Supplies		Category/ Type	Date 09 / 25 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
39.76			102.24	142

C. Full Name (Last, First, Middle Initial) <b>TV Eyes Inc</b>		Transaction ID : H4-222952-347896-e	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2150 Post Road			Allocated Activity or Event Year-To-Date 513504.9	
City Fairfield	State CT	Zip Code 06824-5669	Date 09 / 16 / 2012	
Purpose of Disbursement: Research and Communications Services		Category/ Type	Date 09 / 16 / 2012	
Activity or Event Identifier: 9000:ADMINISTRATION B 31				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
350			900	1250

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
461.16		1185.84		1647.00

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

Form A: West Bend Mutual Insurance. Transaction ID: H4-155624-347913-e. Allocated Activity or Event: Administrative. Date: 09/24/2012. Total Amount: 608.59.

Form B: Helen Albert. Transaction ID: H4-24300-347858-e. Allocated Activity or Event: Administrative. Date: 09/14/2012. Total Amount: 1000.

Form C: Helen Albert. Transaction ID: H4-24300-347925-e. Allocated Activity or Event: Administrative. Date: 09/30/2012. Total Amount: 1000.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (730.41), NONFEDERAL SHARE (1878.18), TOTAL AMOUNT (2608.59).

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.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial) <b>Jonathan Blessing</b>		Transaction ID : H4-69484-347860-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1518 N Sedgwick Street Unit B				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago State IL Zip Code 60610-1223				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Non FEA Payroll		Category/Type		Allocated Activity or Event Year-To-Date 513504.9	
Activity or Event Identifier: 9000:ADMINISTRATION B 31				Date 09 / 14 / 2012	
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
1120		2880		4000	

B. Full Name (Last, First, Middle Initial) <b>Jonathan Blessing</b>		Transaction ID : H4-69484-347906-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1518 N Sedgwick Street Unit B				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago State IL Zip Code 60610-1223				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Reimbursement - Hugos Frog Bar Staff Mea		Category/Type		Allocated Activity or Event Year-To-Date 513504.9	
Activity or Event Identifier: 9000:ADMINISTRATION B 31				Date 09 / 19 / 2012	
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
146.54		376.8		523.34	

C. Full Name (Last, First, Middle Initial) <b>Jonathan Blessing</b>		Transaction ID : H4-69484-347928-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1518 N Sedgwick Street Unit B				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Chicago State IL Zip Code 60610-1223				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Non FEA Payroll		Category/Type		Allocated Activity or Event Year-To-Date 513504.9	
Activity or Event Identifier: 9000:ADMINISTRATION B 31				Date 09 / 30 / 2012	
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
1260		3240		4500	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2526.54		6496.80		9023.34

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial) <b>Jonathan Blessing</b>		Transaction ID : H4-69484-347929-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address 1518 N Sedgwick Street Unit B				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City Chicago	State IL	Zip Code 60610-1223		<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Purpose of Disbursement: Reimbursement - Travel and Expenses		Category/ Type		Allocated Activity or Event Year-To-Date 513504.9		
Activity or Event Identifier: 9000:ADMINISTRATION B 31				Date 09 / 30 / 2012		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
66.28			170.42			236.7

B. Full Name (Last, First, Middle Initial) <b>Curt Conrad</b>		Transaction ID : H4-3859-347869-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address 2704 Cronin Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City Springfield	State IL	Zip Code 62711-7083		<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Purpose of Disbursement: Non FEA Payroll		Category/ Type		Allocated Activity or Event Year-To-Date 513504.9		
Activity or Event Identifier: 9000:ADMINISTRATION B 31				Date 09 / 14 / 2012		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
1400			3600			5000

C. Full Name (Last, First, Middle Initial) <b>Curt Conrad</b>		Transaction ID : H4-3859-347934-e		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address 2704 Cronin Drive				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City Springfield	State IL	Zip Code 62711-7083		<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Purpose of Disbursement: Non FEA Payroll		Category/ Type		Allocated Activity or Event Year-To-Date 513504.9		
Activity or Event Identifier: 9000:ADMINISTRATION B 31				Date 09 / 30 / 2012		
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
1400			3600			5000

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2866.28		7370.42		10236.70

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

Form A: Curt Conrad, Transaction ID: H4-3859-347935-e. Allocated Activity: Administrative. Date: 09/30/2012. Total Amount: 222.51.

Form B: Grant Culp, Transaction ID: H4-219540-347870-e. Allocated Activity: Administrative. Date: 09/14/2012. Total Amount: 2150.

Form C: Grant Culp, Transaction ID: H4-219540-347936-e. Allocated Activity: Administrative. Date: 09/30/2012. Total Amount: 2150.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1266.30, 3256.21, 4522.51.

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4-9269-347871-e
Anthony Esposito
Mailing Address 1620 Hintz Lane Apt. 2B
City Wheeling State IL Zip Code 60090-5266
Purpose of Disbursement: Non-FEA Payroll
Activity or Event Identifier: 9000:ADMINISTRATION B 31
Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ]
Voter Drive [ ] Direct Candidate Support [ ]
Public Comm (ref to party only) by PAC [ ]
Allocated Activity or Event Year-To-Date 513504.9
Date 09 / 14 / 2012
FEDERAL SHARE 770 + NONFEDERAL SHARE 1980 = TOTAL AMOUNT 2750

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4-9269-347937-e
Anthony Esposito
Mailing Address 1620 Hintz Lane Apt. 2B
City Wheeling State IL Zip Code 60090-5266
Purpose of Disbursement: Non FEA Payroll
Activity or Event Identifier: 9000:ADMINISTRATION B 31
Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ]
Voter Drive [ ] Direct Candidate Support [ ]
Public Comm (ref to party only) by PAC [ ]
Allocated Activity or Event Year-To-Date 513504.9
Date 09 / 30 / 2012
FEDERAL SHARE 700 + NONFEDERAL SHARE 1800 = TOTAL AMOUNT 2500

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4-222951-347874-e
Richard Goldberg
Mailing Address 4612 Elm Terrace
City Skokie State IL Zip Code 60076-2026
Purpose of Disbursement: Non FEA Payroll
Activity or Event Identifier: 9000:ADMINISTRATION B 31
Allocated Activity or Event: Administrative [checked] Fundraising [ ] Exempt [ ]
Voter Drive [ ] Direct Candidate Support [ ]
Public Comm (ref to party only) by PAC [ ]
Allocated Activity or Event Year-To-Date 513504.9
Date 09 / 14 / 2012
FEDERAL SHARE 1120 + NONFEDERAL SHARE 2880 = TOTAL AMOUNT 4000

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 2590.00, 6660.00, 9250.00

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: [ ], [ ], [ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

Form A: Richard Goldberg, Transaction ID: H4-222951-347939-e. Includes fields for Name, Address, City, State, Zip Code, Purpose of Disbursement, Activity Identifier, Allocated Activity or Event, Date, and a summary table for Federal Share (1120), Nonfederal Share (2880), and Total Amount (4000).

Form B: Barret Kedzior, Transaction ID: H4-215256-347889-e. Includes fields for Name, Address, City, State, Zip Code, Purpose of Disbursement, Activity Identifier, Allocated Activity or Event, Date, and a summary table for Federal Share (420), Nonfederal Share (1080), and Total Amount (1500).

Form C: Barret Kedzior, Transaction ID: H4-215256-347957-e. Includes fields for Name, Address, City, State, Zip Code, Purpose of Disbursement, Activity Identifier, Allocated Activity or Event, Date, and a summary table for Federal Share (420), Nonfederal Share (1080), and Total Amount (1500).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (1960.00) + NONFEDERAL SHARE (5040.00) = TOTAL AMOUNT (7000.00)

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Illinois Republican Party

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Ruchika Mehra</b> Mailing Address 909 W Diversey Parkway		<b>Transaction ID : H4-220905-347923-e</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
City Chicago	State IL	Zip Code 60614-2156	Allocated Activity or Event Year-To-Date 513504.9 Date 09 / 25 / 2012
Purpose of Disbursement: Design Consulting Work		Category/ Type	
Activity or Event Identifier: 9000:ADMINISTRATION B 31			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
448 + 1152 = 1600			

<b>B. Full Name (Last, First, Middle Initial)</b> <b>David Ramirez</b> Mailing Address 9026 S Damen Avenue		<b>Transaction ID : H4-219535-347879-e</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
City Chicago	State IL	Zip Code 60643-6006	Allocated Activity or Event Year-To-Date 513504.9 Date 09 / 14 / 2012
Purpose of Disbursement: Non FEA Payroll		Category/ Type	
Activity or Event Identifier: 9000:ADMINISTRATION B 31			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
280 + 720 = 1000			

<b>C. Full Name (Last, First, Middle Initial)</b> <b>David Ramirez</b> Mailing Address 9026 S Damen Avenue		<b>Transaction ID : H4-219535-347880-e</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
City Chicago	State IL	Zip Code 60643-6006	Allocated Activity or Event Year-To-Date 513504.9 Date 09 / 14 / 2012
Purpose of Disbursement: Reimbursement - Airfare		Category/ Type	
Activity or Event Identifier: 9000:ADMINISTRATION B 31			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
245.73 + 631.87 = 877.6			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
973.73		2503.87		3477.60

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

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

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

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Illinois Republican Party

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4-219535-347881-e</b> David Ramirez		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 9026 S Damen Avenue		Allocated Activity or Event Year-To-Date 513504.9	
City State Zip Code Chicago IL 60643-6006	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Reimbursement - Meals	Category/Type <input type="text"/>		
Activity or Event Identifier: 9000:ADMINISTRATION B 31			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
48.45 + 124.6 = 173.05			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4-219535-347946-e</b> David Ramirez		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 9026 S Damen Avenue		Allocated Activity or Event Year-To-Date 513504.9	
City State Zip Code Chicago IL 60643-6006	Date <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Non FEA Payroll	Category/Type <input type="text"/>		
Activity or Event Identifier: 9000:ADMINISTRATION B 31			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
280 + 720 = 1000			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4-87271-347884-e</b> Joseph H Weiss		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 1683 Constitution Drive		Allocated Activity or Event Year-To-Date 513504.9	
City State Zip Code Glenview IL 60026-7705	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>		
Purpose of Disbursement: Non FEA Payroll	Category/Type <input type="text"/>		
Activity or Event Identifier: 9000:ADMINISTRATION B 31			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
980 + 2520 = 3500			

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1308.45		3364.60		4673.05

**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)

Illinois Republican Party

Form A: Full Name (Last, First, Middle Initial) Joseph H Weiss, Transaction ID: H4-87271-347949-e, Allocated Activity or Event: Administrative, Mailing Address: 1683 Constitution Drive, City: Glenview, State: IL, Zip Code: 60026-7705, Purpose of Disbursement: Non FEA Payroll, Activity or Event Identifier: 9000:ADMINISTRATION B 31, Date: 09/30/2012, FEDERAL SHARE: 980, NONFEDERAL SHARE: 2520, TOTAL AMOUNT: 3500

Form B: Full Name (Last, First, Middle Initial), Allocated Activity or Event, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Date, FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

Form C: Full Name (Last, First, Middle Initial), Allocated Activity or Event, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Date, FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (980.00), NONFEDERAL SHARE (2520.00), TOTAL AMOUNT (3500.00)

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 (24493.27), NONFEDERAL SHARE (62982.65), TOTAL AMOUNT (87475.92)

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

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : Levin-1

NAME OF COMMITTEE (In Full) Illinois Republican Party		
NAME OF ACCOUNT Levin		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0	0
(b) Unitemized .....	0	0
(c) Total .....	0	0
2. OTHER RECEIPTS .....	0	0
3. TOTAL RECEIPTS .....	0	0
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0	0
(b) Voter ID .....	0	0
(c) GOTV .....	0	0
(d) Generic Campaign .....	0	0
(e) Total .....	0	0
5. OTHER DISBURSEMENTS .....	0	0
6. TOTAL DISBURSEMENTS .....	0	0
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	458.87	458.87
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0	0
(from Line 3)		
9. SUBTOTAL .....	458.87	458.87
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	0	0
(From Line 6)		
11. ENDING CASH ON HAND .....	458.87	458.87
(Subtract Line 10 From Line 9)		