

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

CITIZENS FOR PALOMO

ADDRESS (number and street) ▼

PO BOX 3274

Check if different than previously reported. (ACC)

BARRINGTON

IL

60011

2. **FEC IDENTIFICATION NUMBER** ▼

C C00498451

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

IL

08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gail Muehrcke

Signature of Treasurer Gail Muehrcke

**[Electronically Filed]**

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CITIZENS FOR PALOMO**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4175.00	19322.70
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4175.00	19322.70
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17146.80	29810.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17146.80	29810.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2967.47	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	13500.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CITIZENS FOR PALOMO**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3225.00	15727.00
(ii) Unitemized.....	950.00	2250.00
(iii) TOTAL of contributions from individuals ▶	4175.00	17977.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	1345.70
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4175.00	19322.70
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	11500.00	13500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	11500.00	13500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	15675.00	32822.70

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17146.80	29810.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	45.00	45.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	17191.80	29855.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4484.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15675.00
25. SUBTOTAL (add Line 23 and Line 24).....	20159.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17191.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2967.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

**A.** Full Name (Last, First, Middle Initial)  
**John M. Conmy**

Mailing Address 1028 Austin Lane

City Palatine State IL Zip Code 60067

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

Name of Employer US Airforce Occupation retired Lt. Colonel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011

**Transaction ID : SA11AI.4357**

Amount of Each Receipt this Period  
 125.00  
 donation

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

Mailing Address 1280 Kuhn

City Carol Stream State IL Zip Code 60188

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

Name of Employer Rainbow Child Care Center Occupation owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
 250.00  
 PayPal

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

Mailing Address 1280 Kuhn

City Carol Stream State IL Zip Code 60188

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

Name of Employer Rainbow Child Care Center Occupation owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2011

**Transaction ID : SA11AI.4360**

Amount of Each Receipt this Period  
 250.00  
 paypal donation

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

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

**625.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

**A.** Full Name (Last, First, Middle Initial)  
**David Holan**

Mailing Address 47 Bay Drive

City Irasca State IL Zip Code 60143

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

Name of Employer New Advantage Mortgage Occupation C.O of New Advantage

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2011

**Transaction ID : SA11AI.4351**

Amount of Each Receipt this Period  
 600.00

PayPal

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

Mailing Address 2007 W. Churchill Street  
Apt. 402

City Chicago State IL Zip Code 60647

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

Name of Employer Renaissance Realty Group Occupation owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2011

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
 1500.00

donation

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

Mailing Address 28433 W. Casey Ct.

City Lake Barrington State IL Zip Code 60010

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

Name of Employer Lake Barrington Occupation Mayor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2011

**Transaction ID : SA11AI.4335**

Amount of Each Receipt this Period  
 250.00

contribution

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

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

2350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

Full Name (Last, First, Middle Initial) <b>David Roberts</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2011
Mailing Address 39W113 Ridgeland Road		<b>Transaction ID : SA11Al.4353</b>
City St. Charles	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ausdal Financial	Occupation President	donation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	3225.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW G. PALOMO**

Mailing Address **PO BOX 3274**

City **BARRINGTON** State **IL** Zip Code **60011**

FEC ID number of contributing federal political committee. **C H2IL08104**

Name of Employer **Pillar Financial** Occupation **Mortgage Planner, Financial Planner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2916.85**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 17 / 2011**

**Transaction ID : SA13A.4343**

Amount of Each Receipt this Period  
**500.00**  
 loan

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

Mailing Address **PO BOX 3274**

City **BARRINGTON** State **IL** Zip Code **60011**

FEC ID number of contributing federal political committee. **C H2IL08104**

Name of Employer **Pillar Financial** Occupation **Mortgage Planner, Financial Planner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3916.85**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2011**

**Transaction ID : SA13A.4344**

Amount of Each Receipt this Period  
**1000.00**  
 loan

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

Mailing Address **PO BOX 3274**

City **BARRINGTON** State **IL** Zip Code **60011**

FEC ID number of contributing federal political committee. **C H2IL08104**

Name of Employer **Pillar Financial** Occupation **Mortgage Planner, Financial Planner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8916.85**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : SA13A.4348**

Amount of Each Receipt this Period  
**5000.00**  
 loan

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

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

**6500.00**



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

(check only one)

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREW G. PALOMO**

Mailing Address **PO BOX 3274**

City **BARRINGTON** State **IL** Zip Code **60011**

FEC ID number of contributing federal political committee. **C H2IL08104**

Name of Employer **Pillar Financial** Occupation **Mortgage Planner, Financial Planner**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **13916.85**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		25		2011

**Transaction ID : SA13A.4349**

Amount of Each Receipt this Period  

5000.00
---------

loan

**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)

Election Cycle-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)

Election Cycle-to-Date

Date of Receipt  

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

Amount of Each Receipt this Period  

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

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

5000.00
11500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

Full Name (Last, First, Middle Initial) <b>A. Richard Cape</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2011
Mailing Address 605 Clover Lane		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4371</b>
City Round Lake Beach	State IL	
Zip Code 60073	Purpose of Disbursement salary	Category/ Type 001
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) <b>B. Richard Cape</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2011
Mailing Address 605 Clover Lane		Amount of Each Disbursement this Period 3100.00 <b>Transaction ID : SB17.4373</b>
City Round Lake Beach	State IL	
Zip Code 60073	Purpose of Disbursement salary	Category/ Type 001
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) <b>c. Richard Cape</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2011
Mailing Address 605 Clover Lane		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.4387</b>
City Round Lake Beach	State IL	
Zip Code 60073	Purpose of Disbursement salary	Category/ Type 001
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

Full Name (Last, First, Middle Initial) <b>A. Geoff Pinkus Radio</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 25410 W. River Trail		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4366</b>
City Barrington	State IL	
Zip Code 60010	Purpose of Disbursement radio talk show	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Geoff Pinkus Radio</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 25410 W. River Trail		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4369</b>
City Barrington	State IL	
Zip Code 60010	Purpose of Disbursement radio interview	Category/ Type 004
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) <b>c. Ted Livengood</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 650 Weston Court		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4372</b>
City Round Lake Beach	State IL	
Zip Code 60073	Purpose of Disbursement salary	Category/ Type 001
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

Full Name (Last, First, Middle Initial) <b>A. Ted Livengood</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 650 Weston Court		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4388</b>
City Round Lake Beach	State IL Zip Code 60073	
Purpose of Disbursement salary	Category/Type 001	
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>B. Winning Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 105 York Street # 500		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.4389</b>
City Elmhurst	State IL Zip Code 60126	
Purpose of Disbursement Fundraising organization fee	Category/Type 003	
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

Full Name (Last, First, Middle Initial) <b>c. Young Republicans of Schaumburg Township</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address 808 E. Nerge Road		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4386</b>
City Roselle	State IL Zip Code 60172	
Purpose of Disbursement Ads for meet the candidate	Category/Type 004	
Candidate Name <b>CITIZENS FOR PALOMO</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7350.00
<b>TOTAL</b> This Period (last page this line number only).....	20050.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR PALOMO** Transaction ID : **SC/10.4169**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **ANDREW G. PALOMO** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 3274

City State ZIP Code  
 BARRINGTON IL 60011

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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**TERMS**

Date Incurred M 07 / D 18 / Y 2011	Date Due M / D / Y 7/18/2013	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 2000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR PALOMO** Transaction ID : **SC/10.4343**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **ANDREW G. PALOMO** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO BOX 3274

City State ZIP Code  
 BARRINGTON IL 60011

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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**TERMS**

Date Incurred M 10 / D 17 / Y 2011	Date Due M M / D D / Y 7/18/2013	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	-------------------------------------	-------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	500.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

Transaction ID : **SC/10.4344**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**ANDREW G. PALOMO**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 3274

City State ZIP Code  
BARRINGTON IL 60011

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000.00 0.00 1000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**CITIZENS FOR PALOMO**

Transaction ID : **SC/10.4348**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**ANDREW G. PALOMO**

**[PERSONAL FUNDS]**

Election: 2012

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO BOX 3274

City State ZIP Code  
BARRINGTON IL 60011

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5000.00 0.00 5000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 11 / D 25 / Y 2011 M M / D D / Y 7/18/2013 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 5000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **CITIZENS FOR PALOMO** Transaction ID : **SC/10.4349**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **ANDREW G. PALOMO** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO BOX 3274  
 City BARRINGTON State IL ZIP Code 60011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**  
 Date Incurred: M 11 / D 25 / Y 2011  
 Date Due: M / D / Y 7/18/2013  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	13500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.