



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DEMOCRATIC PARTY OF ILLINOIS**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="763467.65"/>	<input type="text" value="763467.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1145217.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1367195.10"/>	<input type="text" value="5503283.24"/>
(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="2512412.93"/>	<input type="text" value="6266750.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1291813.09"/>	<input type="text" value="5046151.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1220599.84"/>	<input type="text" value="1220599.84"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**DEMOCRATIC PARTY OF ILLINOIS**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107365.00	621594.00
(ii) Unitemized .....	969.40	11493.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	108334.40	633087.00
(b) Political Party Committees .....	0.00	56954.47
(c) Other Political Committees (such as PACs).....	994704.00	3088535.94
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1103038.40	3778577.41
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	15750.00	15750.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	44393.32	422250.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	39015.64	338805.50
(b) Levin Funds (from Schedule H5) .....	164997.74	947900.20
(c) Total Transfers (add 18(a) and 18(b))..	204013.38	1286705.70
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1367195.10	5503283.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1163181.72	4216577.54

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	7029.25	135339.18
(ii) Non-Federal Share.....	26443.25	509133.33
(b) Other Federal Operating Expenditures .....	11398.34	30159.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	44870.84	674632.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	22897.07	331136.52
(ii) "Levin" Share.....	86136.61	1245704.04
(b) Federal Election Activity Paid Entirely With Federal Funds .....	1137908.57	2794678.32
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	1246942.25	4371518.88
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1291813.09	5046151.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1179233.23	3291313.68

**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) .....	1103038.40	3778577.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1103038.40	3778577.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18427.59	165498.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15750.00	15750.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2677.59	149748.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Jonathan Aaron</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014 <b>Transaction ID : SA11AI.36277</b>
Mailing Address 1990 Deerfield Road		Amount of Each Receipt this Period 1565.00
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		
Name of Employer Warren Park Living Center	Occupation Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1565.00	

Full Name (Last, First, Middle Initial) <b>B. Isaac Akridge</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36226</b>
Mailing Address 3007 200th Place		Amount of Each Receipt this Period 500.00
City Lynwood	State IL	Zip Code 60411
FEC ID number of contributing federal political committee. C		
Name of Employer Director of New Business	Occupation Com Ed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. John Arado</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.36349</b>
Mailing Address 225 W. Wacker # 3000		Amount of Each Receipt this Period 400.00
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		
Name of Employer Wildman Harrold Allen and Dixon	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2465.00
<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 7 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Natalie H Bernardoni</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : SA11AI.36842</b>
Mailing Address 641 W Willow St, Apt 209		Amount of Each Receipt this Period 475.00
City Chicago	State IL	Zip Code 60614-5172
FEC ID number of contributing federal political committee.	C	
Name of Employer Natalie k Holzman	Occupation Clinical Social Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		IL Party Victory Fund <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. M. Blaise</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36228</b>
Mailing Address 3117 S Prairie		Amount of Each Receipt this Period 1500.00
City Chicago	State IL	Zip Code 60616
FEC ID number of contributing federal political committee.	C	
Name of Employer Com Ed	Occupation Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Brookins</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36229</b>
Mailing Address 2409 Athens Road		Amount of Each Receipt this Period 2500.00
City Olympia Fields	State IL	Zip Code 60461
FEC ID number of contributing federal political committee.	C	
Name of Employer Com Ed	Occupation Senior vice president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.36842

IL Party Victory Fund

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: PAGE 9 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Don Burgess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4219 Bushy Prairie Rd  
 City State Zip Code  
 Fulls IL 62244-1143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired Retired  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : SA11AI.36835**  
 Amount of Each Receipt this Period  
 285.00  
 IL Party Victory Fund  
**[MEMO ITEM]**

**B. Calvin Butler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3605 Trailee Court  
 City State Zip Code  
 Naperville IL 60564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Exelon VP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36230**  
 Amount of Each Receipt this Period  
 3000.00

**C. Joan Callis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3136 Harvard  
 City State Zip Code  
 Granite City IL 62040-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Housewife Housewife  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014  
**Transaction ID : SA11AI.36297**  
 Amount of Each Receipt this Period  
 10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 13000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.36835

IL Party Victory Fund

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 11 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lance Callis</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014 <b>Transaction ID : SA11AI.36299</b>
Mailing Address 3136 Haryard		Amount of Each Receipt this Period 10000.00
City Granite City	State IL	Zip Code 62040
FEC ID number of contributing federal political committee. C	Name of Employer Self employed	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B. Melissa Callis</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014 <b>Transaction ID : SA11AI.36300</b>
Mailing Address 2306 Timber Ridge		Amount of Each Receipt this Period 10000.00
City Saint Jacob	State IL	Zip Code 62281
FEC ID number of contributing federal political committee. C	Name of Employer Lascelleshire, LLC	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. Valerie Colletti</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36231</b>
Mailing Address 348 Buckingham CT		Amount of Each Receipt this Period 1500.00
City Lombard	State IL	Zip Code 60148
FEC ID number of contributing federal political committee. C	Name of Employer Com Ed	Occupation Director Regional
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21500.00
<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 12 OF 163
	<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"/>	<input type="checkbox"/> 17

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

**A. Marlow Colvin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8901 S. Bennett Avenue

City Chicago State IL Zip Code 60617

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

Name of Employer Com Ed Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.36232**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 12600 S 100TH Ave

City Palos Park State IL Zip Code 60464

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

Name of Employer Liuna Local Occupation Union Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.36840**

Amount of Each Receipt this Period  
 213.75

IL Party Victory Fund

**[MEMO ITEM]**

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

Mailing Address 2450 Persimmon Drive

City St. Charles State IL Zip Code 60174

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

Name of Employer Exelon Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.36288**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.36840

IL Party Victory Fund

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: PAGE 14 OF 163  
(check only one)

<input checked="" 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 type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)  
**A. Christopher D Cribaro**

Mailing Address 5020 N Delphia Ave

City Chicago State IL Zip Code 60656-2919

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11AI.36838**

Amount of Each Receipt this Period  
 760.00

IL Party Victory Fund

**[MEMO ITEM]**

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

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 M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2014  
**Transaction ID : SA11AI.36846**

Amount of Each Receipt this Period  
 3740.15

IL Party Victory Fund Unitemized

**[MEMO ITEM]**

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

Mailing Address 900 S. Price Road

City Saint Louis State MO Zip Code 63124

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

Name of Employer James R. David Esq Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.36326**

Amount of Each Receipt this Period  
 10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.36838

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.36846

IL Party Victory Fund

**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 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Falcone</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36235</b>
Mailing Address 762 Fox Run Drive			Amount of Each Receipt this Period 250.00
City Geneva	State IL	Zip Code 60134	
FEC ID number of contributing federal political committee. C			
Name of Employer Com Ed	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. David Fein</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36236</b>
Mailing Address 680 Carriage Way			Amount of Each Receipt this Period 500.00
City Deerfield	State IL	Zip Code 60015	
FEC ID number of contributing federal political committee. C			
Name of Employer Exelon	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. James Firth</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36237</b>
Mailing Address 550 N. Kingsbury			Amount of Each Receipt this Period 2000.00
City Chicago	State IL	Zip Code 60654	
FEC ID number of contributing federal political committee. C			
Name of Employer Exelon	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<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 17 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dennis Gannon**

Mailing Address 14026 Persimmon Drive

City State Zip Code  
Orland Park IL 60467

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36238**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1 Bell Oak Lane

City State Zip Code  
Lemont IL 60439

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

Name of Employer Occupation  
Monterey Securities President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA11AI.36263**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 337 N Paulina Street

City State Zip Code  
Chicago IL 60613

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

Name of Employer Occupation  
Exelon Corporation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11AI.36289**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**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 18 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Stephen Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 1133 Broadmoor Place

City Deerfield State IL Zip Code 60015

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

Name of Employer Objective Arts, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : SA11AI.36342**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 180 N. LaSalle Street

City Chicago State IL Zip Code 60601

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

Name of Employer Illinois Property Tax Lawyers Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.36290**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 315 S. Knight Avenue

City Park Ridge State IL Zip Code 60068

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

Name of Employer Exelon Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.36239**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 19 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ross Hemphill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 N.221 Ferson Creek Road  
 City State Zip Code  
 St. Charles IL 60174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vice President Com Ed  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36240**  
 Amount of Each Receipt this Period  
 1000.00

**B. Scott Humbard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11755 Glenn Circle  
 City State Zip Code  
 Plainfield IL 60544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Com Ed Lobbyist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36242**  
 Amount of Each Receipt this Period  
 500.00

**C. Val Jensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3150 Naranja Drive  
 City State Zip Code  
 Walnut Creek GA 94598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Com Ed Executive  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36243**  
 Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mark Kanavos</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36244</b>
Mailing Address P.O. Box 236		Amount of Each Receipt this Period 500.00
City Braidwood	State IL	Zip Code 60408
FEC ID number of contributing federal political committee. C	Name of Employer Plant Manager	Occupation Com Ed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Karaba</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36246</b>
Mailing Address 5327 Coneflower Drive		Amount of Each Receipt this Period 500.00
City Naperville	State IL	Zip Code 60564
FEC ID number of contributing federal political committee. C	Name of Employer Exelon	Occupation Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Katzenberg</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014 <b>Transaction ID : SA11AI.36337</b>
Mailing Address 11400 W. Olympic Boulevard		Amount of Each Receipt this Period 10000.00
City Los Angeles	State CA	Zip Code 90064
FEC ID number of contributing federal political committee. C	Name of Employer Dreamworks	Occupation CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 163
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Katrina W. Kelley Ms.**

Mailing Address 429 Linden St

City Winnetka State IL Zip Code 60093

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 M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11AI.36837**

Amount of Each Receipt this Period  
 190.00

IL Party Victory Fund

**[MEMO ITEM]**

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

Mailing Address 10 Juanita Place

City Belleville State IL Zip Code 62223

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

Name of Employer Occupation  
 Self employed Lobbyist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA11AI.36265**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Joseph P Koval Mr.**

Mailing Address 215 E Olive St

City Staunton State IL Zip Code 62088-1428

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

Name of Employer Occupation  
 Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.36844**

Amount of Each Receipt this Period  
 237.50

IL Party Victory Fund

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.36837

IL Party Victory Fund

Form/Schedule: SA11AI

Transaction ID: SA11AI.36844

IL Party Victory Fund

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 163
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Fidel Marquez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.36248</b>
Mailing Address 4314 N. Claremont Avenue		Amount of Each Receipt this Period 3000.00
City Chicago	State IL	Zip Code 60618
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Com Ed	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. William McBride</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014 <b>Transaction ID : SA11AI.36279</b>
Mailing Address 511 Brownstone Drive		Amount of Each Receipt this Period 1500.00
City St. Charles	State IL	Zip Code 60174
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Com Ed	Occupation VP Dist. Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Lester H. McKeever</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014 <b>Transaction ID : SA11AI.36330</b>
Mailing Address 4950 S. Chicago		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60615
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Washington, Pittman	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 163
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Guy Medaglia</b>		Date of Receipt
Mailing Address 94 Timberlane		M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
City State Zip Code Hilton Head Island SC 29926		<b>Transaction ID : SA11AI.36267</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CEO	Occupation St. Anthonys Hospital	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Meribeth Mermall</b>		Date of Receipt
Mailing Address 901 S. Plymouth Court		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
City State Zip Code Chicago IL 60605		<b>Transaction ID : SA11AI.36249</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Com Ed	Occupation Director Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Arthur Miller</b>		Date of Receipt
Mailing Address 636 W. Oak Street		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
City State Zip Code Chicago IL 60610		<b>Transaction ID : SA11AI.36250</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer M21 Construction	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<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 25 OF 163
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Stephen Morill</b>			Date of Receipt
Mailing Address 300 N. LaSalle Drive			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.36313</b>
Chicago	IL	60654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2000.00"/>
Name of Employer	Occupation		
Morrill & Associates, PC	Attorney		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jessica O'Brien</b>			Date of Receipt
Mailing Address 1131 S. Park Terrace			<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.36303</b>
Chicago	IL	60605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
IL Lottery State of IL	Acting Chief counsel		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Thomas O' Neill</b>			Date of Receipt
Mailing Address 1448 N. Lake Shore			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.36233</b>
Chicago	IL	60610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2500.00"/>
Name of Employer	Occupation		
Com Ed	Senior Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 163
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kenneth Podeschi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 Virginia Avenue  
 City Taylorville State IL Zip Code 62568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Illinois Secretary of State Occupation Securities Investigator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.36314**  
 Amount of Each Receipt this Period  
**300.00**

**B. Alex Preston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Edwards Street  
 City Bulpitt State IL Zip Code 62517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Priter Brooker Occupation Owner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.36317**  
 Amount of Each Receipt this Period  
**500.00**

**C. Sheridan Pulley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 E. Main Cross  
 City Taylorville State IL Zip Code 62568-1848  
 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.36315**  
 Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</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 27 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Warren Ribley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S. Lytle Street  
 City Chicago State IL Zip Code 60607  
 Date of Receipt 10 / 17 / 2014  
 Transaction ID : SA11AI.36269  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer IL Med. District Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B. Warren Ribley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 811 S. Lytle Street  
 City Chicago State IL Zip Code 60607  
 Date of Receipt 10 / 29 / 2014  
 Transaction ID : SA11AI.36307  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer IL Med. District Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**C. Mohammed Saleem**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3751 W. Devon Avenue  
 City Chicago State IL Zip Code 60659  
 Date of Receipt 11 / 13 / 2014  
 Transaction ID : SA11AI.36347  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AES Services Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**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 28 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Richard Shapiro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Scented Path Lane  
 City State Zip Code  
 The Woodlands TX 77381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Public Affairs Engagement President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36252**  
 Amount of Each Receipt this Period  
 500.00

**B. Sheila A. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 338 S. Washington Drive  
 City State Zip Code  
 Sarasota FL 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consult, Ltd. President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.36331**  
 Amount of Each Receipt this Period  
 500.00

**C. Elizabeth Tisdahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Martha Lane  
 City State Zip Code  
 Evanston IL 60201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Tisdahl Foundation President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA11AI.36333**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 29 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Lance Tyson**

Mailing Address 400 E. South Water Street

City Chicago State IL Zip Code 60601

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

Name of Employer Kutak Rock, LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA11AI.36271**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2806 Blackhawk

City Wilmette State IL Zip Code 60091

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

Name of Employer IL Property Tax Lawyers Assoc. Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11AI.36292**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1405 James Court

City Ottawa State IL Zip Code 61350

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

Name of Employer Exelon Occupation Plant Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36254**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 30 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Scott Vogt**

Mailing Address 11369 Laura Lane

City State Zip Code  
Frankfort IL 60423

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

Name of Employer Occupation  
Com Ed Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014  
**Transaction ID : SA11AI.36256**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 9740 S. Peoria

City State Zip Code  
Chicago IL 60643

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

Name of Employer Occupation  
Com Ed Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014  
**Transaction ID : SA11AI.36258**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 605 Hayton Court

City State Zip Code  
Shorewood IL 60404

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

Name of Employer Occupation  
Exelon Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014  
**Transaction ID : SA11AI.36259**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 31 OF 163  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jeffrey Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 Hayton Court  
 City Shorewood State IL Zip Code 60404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Exelon Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.36260**  
 Amount of Each Receipt this Period  
 500.00

**B. Richard Worek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2086 Park Lane  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IL Property Tax Lawyers Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11AI.36294**  
 Amount of Each Receipt this Period  
 500.00

**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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	107365.00

**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 32 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DAN LIPINSKI FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4501 GRAND  
 City WESTERN SPRINGS State IL Zip Code 60558  
 FEC ID number of contributing federal political committee. **C** C00405431  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2014  
**Transaction ID : SA11C.36282**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution

**B. Democratic Congressional Campaign Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 South Capitol Street, S.E. #2  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1980379.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA11C.36261**  
 Amount of Each Receipt this Period  
 126435.00  
 Contribution

**C. Democratic Congressional Campaign Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 South Capitol Street, S.E. #2  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2093364.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11C.36296**  
 Amount of Each Receipt this Period  
 112985.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241920.00
<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 33 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Receipt
Mailing Address 430 South Capitol Street, S.E. #2		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City Washington State DC Zip Code 20003		<b>Transaction ID : SA11C.36341</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="149955.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="2243319.06"/>		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Receipt
Mailing Address 430 South Capitol Street, S.E. #2		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Washington State DC Zip Code 20003		<b>Transaction ID : SA11C.36309</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="318590.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="2561909.06"/>		

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Receipt
Mailing Address 430 South Capitol Street, S.E. #2		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Washington State DC Zip Code 20003		<b>Transaction ID : SA11C.36340</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="65000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼ <input type="text" value="2637689.52"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="533545.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2643689.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : SA11C.36357**

Amount of Each Receipt this Period  
6000.00

Contribution

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2732589.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	14	/	2014

**Transaction ID : SA11C.36358**

Amount of Each Receipt this Period  
88900.00

Contribution

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2763254.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	17	/	2014

**Transaction ID : SA11C.36359**

Amount of Each Receipt this Period  
30665.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125565.00
<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 35 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2808754.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

**Transaction ID : SA11C.36360**

Amount of Each Receipt this Period  
45500.00

Contribution

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

Mailing Address 430 South Capitol St. SE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43880.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : SA11C.36262**

Amount of Each Receipt this Period  
4840.00

SPP Allocation

Full Name (Last, First, Middle Initial)  
**C. EMILY'S LIST**

Mailing Address 1800 M STREET, NW  
STE 375N

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C C00193433**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : SA11C.36302**

Amount of Each Receipt this Period  
2500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52840.00
<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 36 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC (ENERGY TRANSFER PAC)

Mailing Address 400 W. 15TH ST.  
SUITE 720

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00438754

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : SA11C.36304**

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address PO BOX 1949

City Springfield State IL Zip Code 62705

FEC ID number of contributing federal political committee. **C** C00148999

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
71334.00

Date of Receipt  
10 / 22 / 2014  
**Transaction ID : SA11C.36281**

Amount of Each Receipt this Period  
6334.00

Contribution

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

Mailing Address 700 13TH STREET, NW  
SUITE 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00457747

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 01 / 2014  
**Transaction ID : SA11C.36328**

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12334.00

**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 37 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. HOYER FOR CONGRESS</b>		Date of Receipt
Mailing Address 700 13TH STREET, NW SUITE 600		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C00140715"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="6235.76"/>	
		Transaction ID : <b>SA11C.36283</b>
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>B. HOYER FOR CONGRESS</b>		Date of Receipt
Mailing Address 700 13TH STREET, NW SUITE 600		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C00140715"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="11235.76"/>	
		Transaction ID : <b>SA11C.36306</b>
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		Contribution

Full Name (Last, First, Middle Initial) <b>C. MCAPITOL MANAGEMENT / MWH AMERICAS PAC</b>		Date of Receipt
Mailing Address 380 Interlocken Crescent Suite 200		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Broomfield	CO	80021
FEC ID number of contributing federal political committee.	<input type="text" value="C00242370"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : <b>SA11C.36312</b>
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		Contribution

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

**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 38 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MIDDLE CLASS AMERICA PAC</b>		Date of Receipt
Mailing Address PO BOX 521		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
WESTERN SPRINGS	IL	60558
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11C.36284</b>
<input type="text" value="C"/> <input type="text" value="C00486860"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="2500.00"/>
Occupation		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDER FOR CONGRESS</b>		Date of Receipt
Mailing Address 487 MEADOWLARK DRIVE		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
SARASOTA	FL	34236
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11C.36280</b>
<input type="text" value="C"/> <input type="text" value="C00374751"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="6000.00"/>
Occupation		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="9000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Treasury Employees PAC</b>		Date of Receipt
Mailing Address 1750 H. Street NW		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11C.36335</b>
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="13500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="994704.00"/>

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

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

FOR LINE NUMBER: PAGE 39 OF 163  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	-----------------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

**A.** Full Name (Last, First, Middle Initial)  
**Ambrosino Muir Hansen Crouse**

Mailing Address 500 Sansome Street

City San Francisco State CA Zip Code 94111

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA15.37371**

Amount of Each Receipt this Period  
 15750.00

Refund of 10-17-14 vote by mail mailing

**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).....▶	15750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15750.00

**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 40 OF 163
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. 47th Ward Regular Democratic Organization**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2018 W. Wilson  
 City Chicago State IL Zip Code 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA17.36273**  
 Amount of Each Receipt this Period  
 750.00  
 Voter file

**B. Citizens for Callis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1922 Edwardsville Club Plaza  
 City Edwardsville State IL Zip Code 62025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 8700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA17.36353**  
 Amount of Each Receipt this Period  
 5700.00

**C. Democratic Congressional Campaign Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 South Capitol Street, S.E. #2  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2572689.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA17.36851**  
 Amount of Each Receipt this Period  
 10780.46  
 In-kind - Rent, occupancy for the 10 IL field offices

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	17230.46
<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 41 OF 163  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Friends of Ameya Pawar**

Mailing Address P.O. Box 577162

City Chicago State IL Zip Code 60657

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014  
**Transaction ID : SA17.36324**

Amount of Each Receipt this Period  
750.00

Voter file

Full Name (Last, First, Middle Initial)  
**B. Friends of David Gonzalez**

Mailing Address 2617 Chicago Road

City So. Chicago State IL Zip Code 60411

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA17.36275**

Amount of Each Receipt this Period  
750.00

Voter file

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

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00140715**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1101.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA17.36847**

Amount of Each Receipt this Period  
483.20

In-kind - Travel on 10-07-14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1983.20

**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 42 OF 163			
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

**A. HOYER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00140715

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1235.76

Date of Receipt  
10 / 20 / 2014  
**Transaction ID : SA17.36849**

Amount of Each Receipt this Period  
134.68

In-kind - Travel on 10-13-14

**B. Internal Revenue Service**

Full Name (Last, First, Middle Initial)  
Mailing Address Department of the Treasury

City Kansas City State MO Zip Code 64999

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1668.55

Date of Receipt  
10 / 31 / 2014  
**Transaction ID : SA17.36308**

Amount of Each Receipt this Period  
1668.55

Payroll taxes refund

**C. P2 Consulting, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 22 W. Washington

City Chicago State IL Zip Code 60602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
11 / 01 / 2014  
**Transaction ID : SA17.36322**

Amount of Each Receipt this Period  
10000.00

Voter file

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11803.23
<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 43 OF 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. VLM Cooperative**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 9  
 City Lexington State KY Zip Code 40588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 28816.24

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA17.36352**  
 Amount of Each Receipt this Period  
 13376.43  
 Voter file

**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  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13376.43
<b>TOTAL</b> This Period (last page this line number only).....▶	44393.32

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

### A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

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

Transaction ID : **SB21B.36852**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

10780.46
----------

Purpose of Disbursement  
In-kind - Rent, occupancy for the 10 IL field offices

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. HOYER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 700 13TH STREET, NW  
SUITE 600

Transaction ID : **SB21B.36848**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

483.20
--------

Purpose of Disbursement  
In-kind - Travel on 10-07-14

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. HOYER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 700 13TH STREET, NW  
SUITE 600

Transaction ID : **SB21B.36850**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

134.68
--------

Purpose of Disbursement  
In-kind - Travel on 10-13-14

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

11398.34
----------

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

11398.34
----------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ABCompuprint**

Mailing Address P.O. Box 9594

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Cook County walk cards

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36366**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ace Hardware**

Mailing Address 239 N. Genesee Street

City Waukegan State IL Zip Code 60085

Purpose of Disbursement  
Memo N-Keys and flashlights

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36723**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Andrew Adamski**

Mailing Address 3 Winston Road

City East Lyme State CT Zip Code 06333

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36474**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Andrew Adamski**

Mailing Address 3 Winston Road

City East Lyme State CT Zip Code 06333

Purpose of Disbursement Campaign expenses-See memo entry H

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36527**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Andrew Adamski**

Mailing Address 3 Winston Road

City East Lyme State CT Zip Code 06333

Purpose of Disbursement Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36639**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement Payroll taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36813**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

**Transaction ID : SB30B.36816**

Amount of Each Disbursement this Period

16771.56
----------

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2014			

**Transaction ID : SB30B.36819**

Amount of Each Disbursement this Period

791.49
--------

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

**Transaction ID : SB30B.36821**

Amount of Each Disbursement this Period

6337.34
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

23900.39
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB30B.36822**

Amount of Each Disbursement this Period

1068.82

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : SB30B.36825**

Amount of Each Disbursement this Period

9194.93

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address P.O. Box 842854

City Boston State MA Zip Code 02284

Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36826**

Amount of Each Disbursement this Period

40221.09

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

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

50484.84

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. May Affre**

Mailing Address 1803 Country Drive  
Apt. 301

City Grayslake State IL Zip Code 60030

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

10 / 30 / 2014

**Transaction ID : SB30B.36488**

Amount of Each Disbursement this Period

1108.53

Full Name (Last, First, Middle Initial)

**B. May Affre**

Mailing Address 1803 Country Drive  
Apt. 301

City Grayslake State IL Zip Code 60030

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

11 / 18 / 2014

**Transaction ID : SB30B.36695**

Amount of Each Disbursement this Period

1255.05

Full Name (Last, First, Middle Initial)

**C. Gregory Aguele**

Mailing Address 70-26 72nd Street

City Glendale State NY Zip Code 11385

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

11 / 03 / 2014

**Transaction ID : SB30B.36542**

Amount of Each Disbursement this Period

735.93

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

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

3099.51

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Gregory Aguele

Mailing Address 70-26 72nd Street

City State Zip Code  
Glendale NY 11385

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	4

Transaction ID : SB30B.36663

Amount of Each Disbursement this Period

1	2	5	5	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B. Collin Akers

Mailing Address 616 Sherman Avenue

City State Zip Code  
Edwardsville IL 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	4

Transaction ID : SB30B.36475

Amount of Each Disbursement this Period

1	2	6	8	7	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### C. Collin Akers

Mailing Address 616 Sherman Avenue

City State Zip Code  
Edwardsville IL 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	4

Transaction ID : SB30B.36640

Amount of Each Disbursement this Period

1	2	2	7	2	7
---	---	---	---	---	---

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

3	7	5	1	0	8
---	---	---	---	---	---

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

3	7	5	1	0	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Anastasia Almasi**

Mailing Address 1825 Holmes Avenue

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2014			

Transaction ID : SB30B.36419

Amount of Each Disbursement this Period

1088.07
---------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. ASM Sales**

Mailing Address Bill Payment Center

City Decatur State IL Zip Code 62521

Purpose of Disbursement  
Memo G-event booth

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : SB30B.36514

Amount of Each Disbursement this Period

35.00
-------

Category/  
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AT & T Store**

Mailing Address 59 Skokie Valley Road

City Highland Park State IL Zip Code 60035

Purpose of Disbursement  
Memo N-Phone minutes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : SB30B.36716

Amount of Each Disbursement this Period

256.39
--------

Category/  
Type

[MEMO ITEM]

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

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

1088.07
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ATT**

Mailing Address 208 South Akard Street

City Dallas State TX Zip Code 75202

Purpose of Disbursement  
Memo B-Telephone

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 16 / 2014

**Transaction ID : SB30B.36406**

Amount of Each Disbursement this Period

1680.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Saeid Barghi**

Mailing Address 1211 Lockwood Drive

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36544**

Amount of Each Disbursement this Period

1083.84

Full Name (Last, First, Middle Initial)

**C. Saeid Barghi**

Mailing Address 1211 Lockwood Drive

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 18 / 2014

**Transaction ID : SB30B.36664**

Amount of Each Disbursement this Period

1227.98

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

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

2311.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Sakina Bennett**

Mailing Address 7345 Amherst Avenue

City State Zip Code  
Saint Louis MO 63130

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 30 / 2014

**Transaction ID : SB30B.36476**

Amount of Each Disbursement this Period

1108.54

Full Name (Last, First, Middle Initial)

**B. Sakina Bennett**

Mailing Address 7345 Amherst Avenue

City State Zip Code  
Saint Louis MO 63130

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 17 / 2014

**Transaction ID : SB30B.36641**

Amount of Each Disbursement this Period

1074.18

Full Name (Last, First, Middle Initial)

**C. Bryan Besser**

Mailing Address 365 Dogwood Terrace

City State Zip Code  
Buffalo Grove IL 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36545**

Amount of Each Disbursement this Period

1083.85

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

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

3266.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bryan Besser**

Mailing Address 365 Dogwood Terrace

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36665**

Amount of Each Disbursement this Period

1227.98

Full Name (Last, First, Middle Initial)

**B. Steffanie Bezruki**

Mailing Address 57 Rhode Island Avenue

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36489**

Amount of Each Disbursement this Period

1108.54

Full Name (Last, First, Middle Initial)

**C. Steffanie Bezruki**

Mailing Address 57 Rhode Island Avenue

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36696**

Amount of Each Disbursement this Period

1255.05

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

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

3591.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. William Biagi**

Mailing Address 339 Jocelyn Place

City Highwood State IL Zip Code 60040

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36546**

Amount of Each Disbursement this Period

1112.97

Full Name (Last, First, Middle Initial)

**B. William Biagi**

Mailing Address 339 Jocelyn Place

City Highwood State IL Zip Code 60040

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

**Transaction ID : SB30B.36666**

Amount of Each Disbursement this Period

1259.49

Full Name (Last, First, Middle Initial)

**C. Big Ten Rentals**

Mailing Address 1820 Boyrum Street

City Iowa City State IA Zip Code 52240

Purpose of Disbursement  
Event rentals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36585**

Amount of Each Disbursement this Period

9696.82

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

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

12069.28

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wesley Boensel**

Mailing Address 15671 Sunset Street

City Petersburg State IL Zip Code 62675

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36426**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Sylvia Bowman**

Mailing Address 1918 Clover Avenue

City Rockford State IL Zip Code 61102

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36490**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Sylvia Bowman**

Mailing Address 1918 Clover Avenue

City Rockford State IL Zip Code 61102

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36697**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Amy Brown**

Mailing Address 39 Regent Drive

City State Zip Code  
Gilbens IL 60136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36547**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Amy Brown**

Mailing Address 39 Regent Drive

City State Zip Code  
Gilbens IL 60136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36667**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ian Bruckner**

Mailing Address 941 Highland Lane

City State Zip Code  
Irvington NY 10533

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36548**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ian Bruckner**

Mailing Address 941 Highland Lane

City Irvington State NY Zip Code 10533

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36668**

Amount of Each Disbursement this Period

1227.99

Full Name (Last, First, Middle Initial)

**B. Brenda Carrillo**

Mailing Address 2919 Wichita Avenue

City Amarillo State TX Zip Code 79107

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36491**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**C. Brenda Carrillo**

Mailing Address 2919 Wichita Avenue

City Amarillo State TX Zip Code 79107

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36698**

Amount of Each Disbursement this Period

1227.98

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

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

3539.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Michael Carson**

Mailing Address 3821 N. Damen Avenue

City Chicago State IL Zip Code 60618

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 29 / 2014

**Transaction ID : SB30B.36435**

Amount of Each Disbursement this Period

1754.84

Full Name (Last, First, Middle Initial)

**B. Michael Carson**

Mailing Address 3821 N. Damen Avenue

City Chicago State IL Zip Code 60618

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 13 / 2014

**Transaction ID : SB30B.36625**

Amount of Each Disbursement this Period

75.59

Full Name (Last, First, Middle Initial)

**C. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 13 / 2014

**Transaction ID : SB30B.36630**

Amount of Each Disbursement this Period

898.71

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

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

2729.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2014

**Transaction ID : SB30B.36631**

Amount of Each Disbursement this Period

323.93

Full Name (Last, First, Middle Initial)

**B. Central Management Services**

Mailing Address P.O. Box 10077

City Springfield State IL Zip Code 62791

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2014

**Transaction ID : SB30B.36632**

Amount of Each Disbursement this Period

315.89

Full Name (Last, First, Middle Initial)

**C. Emily Cheong**

Mailing Address 3895 Anjou Lane

City Hoffman Estates State IL Zip Code 60192

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36549**

Amount of Each Disbursement this Period

1083.85

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

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

1723.67

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Emily Cheong**

Mailing Address 3895 Anjou Lane

City Hoffman Estates State IL Zip Code 60192

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36669**

Amount of Each Disbursement this Period

1227.99

Full Name (Last, First, Middle Initial)

**B. Ronald Chiu**

Mailing Address 18248 Cork Road

City Tinley Park State IL Zip Code 60477

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36492**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**C. Ronald Chiu**

Mailing Address 18248 Cork Road

City Tinley Park State IL Zip Code 60477

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36699**

Amount of Each Disbursement this Period

1227.99

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

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

3539.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Circle K**

Mailing Address 315 E. Walnut

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Memo A-Gasoline

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36386**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Thomas Cory**

Mailing Address 2081 W. Monroe Street # 6

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36427**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. William Cousinear**

Mailing Address 2009 S. Glenwood

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36428**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. William Cousinear**

Mailing Address 2009 S. Glenwood

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2014

**Transaction ID : SB30B.36624**

Amount of Each Disbursement this Period

1492.41

Full Name (Last, First, Middle Initial)

**B. Culligan of the Quad Cities**

Mailing Address 701 W. 76th Street

City Davenport State IA Zip Code 52806

Purpose of Disbursement  
Water

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36581**

Amount of Each Disbursement this Period

305.70

Full Name (Last, First, Middle Initial)

**C. CVS**

Mailing Address 39161 Sheridan Road

City Beach Park State IL Zip Code 60099

Purpose of Disbursement  
Memo 0-Candy

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : SB30B.36730**

Amount of Each Disbursement this Period

20.44

**[MEMO ITEM]**

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

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

1798.11

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CVS**

Mailing Address 2000 Skokie Valley Road

City Highland Park State IL Zip Code 60035

Purpose of Disbursement  
Memo N-Nails

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2014

Transaction ID : **SB30B.36725**

Amount of Each Disbursement this Period

6.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Marshall Derks**

Mailing Address 328 S. Woodrow Street

City Columbia State SC Zip Code 29205

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : **SB30B.36493**

Amount of Each Disbursement this Period

1503.25

Full Name (Last, First, Middle Initial)

**C. Marshall Derks**

Mailing Address 328 S. Woodrow Street

City Columbia State SC Zip Code 29205

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : **SB30B.36700**

Amount of Each Disbursement this Period

1649.76

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

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

3153.01

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alex Dintruff**

Mailing Address 526 E. Prospect Avenue

City State Zip Code  
Lake Bluff IL 60044

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36537**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alex Dintruff**

Mailing Address 526 E. Prospect Avenue

City State Zip Code  
Lake Bluff IL 60044

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36566**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Alex Dintruff**

Mailing Address 526 E. Prospect Avenue

City State Zip Code  
Lake Bluff IL 60044

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36653**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dollar Tree Stores**

Mailing Address 2443 S. MacArthur Boulevard

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Memo G-Trash bags/tissue

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.36513

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Dunkin Donuts**

Mailing Address 2829 22nd Street North

City Chicago State IL Zip Code 60664

Purpose of Disbursement  
Memo P-Food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.36736

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Dunkin Donuts**

Mailing Address 2829 22nd Street North

City Chicago State IL Zip Code 60664

Purpose of Disbursement  
Memo N-Food for workers

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.36727

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jeffrey Easterling**

Mailing Address 1787 Vermont Drive

City Elk Grove State IL Zip Code 60007

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36550**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Jeffrey Easterling**

Mailing Address 1787 Vermont Drive

City Elk Grove State IL Zip Code 60007

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

**Transaction ID : SB30B.36670**

Amount of Each Disbursement this Period

1227.98

Full Name (Last, First, Middle Initial)

**C. Elite Production**

Mailing Address 23535 Maysville Road

City Maysville State IA Zip Code 52773

Purpose of Disbursement  
Flotus GOTV event Rock Island

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

**Transaction ID : SB30B.36809**

Amount of Each Disbursement this Period

13995.00

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

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

16306.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Frost Lighting**

Mailing Address 1381 N. North Branch Street

City Chicago State IL Zip Code 60642

Purpose of Disbursement  
Lighting, audio, speakers for Schneider event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : SB30B.36763

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joe Goodall**

Mailing Address 1125 West Locust Street

City Davenport State IA Zip Code 52804

Purpose of Disbursement  
Overnight construction

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : SB30B.36577

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. James Greene**

Mailing Address 16 Park Road

City Belmont State MA Zip Code 02478

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

Transaction ID : SB30B.36551

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. James Greene

Mailing Address 16 Park Road

City Belmont State MA Zip Code 02478

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

Transaction ID : SB30B.36654

Amount of Each Disbursement this Period

1539.74

### B. Edward Hall

Mailing Address 333 S. Lewis

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : SB30B.36420

Amount of Each Disbursement this Period

1112.76

### C. Jason Harrison

Mailing Address 200 W. 3rd

City Alton State IL Zip Code 62002

Purpose of Disbursement  
Food for event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Transaction ID : SB30B.36504

Amount of Each Disbursement this Period

250.00

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

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

2902.50

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jason Harrison**

Mailing Address 200 W. 3rd

City Alton State IL Zip Code 62002

Purpose of Disbursement  
Food for event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SB30B.36506**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Heaven Sent Catering**

Mailing Address 1798 Summit Avenue

City St. Louis State IL Zip Code 62204

Purpose of Disbursement  
Memo L-BBQ Food for polls

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SB30B.36611**

Amount of Each Disbursement this Period

110.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Heaven Sent Catering**

Mailing Address 1798 Summit Avenue

City St. Louis State IL Zip Code 62204

Purpose of Disbursement  
Memo M-BBQ food for polls

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 02 / 2014

**Transaction ID : SB30B.36618**

Amount of Each Disbursement this Period

200.00

**[MEMO ITEM]**

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

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

250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Shane Henson**

Mailing Address 30148 Oakview

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36553**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Shane Henson**

Mailing Address 30148 Oakview

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

**Transaction ID : SB30B.36671**

Amount of Each Disbursement this Period

1227.99

Full Name (Last, First, Middle Initial)

**C. Shane Henson**

Mailing Address 30148 Oakview

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Campaign Expenses see memo items-P

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2014

**Transaction ID : SB30B.36732**

Amount of Each Disbursement this Period

99.04

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

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

2410.88

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mallory Hoyt**

Mailing Address 2307 14 Avenue

City Moline State IL Zip Code 61265

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36460**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mallory Hoyt**

Mailing Address 2307 14 Avenue

City Moline State IL Zip Code 61265

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36565**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mallory Hoyt**

Mailing Address 2307 14 Avenue

City Moline State IL Zip Code 61265

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36683**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brexton Isaacs**

Mailing Address 917 Kingsway Lane

City Byron State IL Zip Code 61010

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 30 / 2014

**Transaction ID : SB30B.36458**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Brexton Isaacs**

Mailing Address 917 Kingsway Lane

City Byron State IL Zip Code 61010

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 17 / 2014

**Transaction ID : SB30B.36638**

Amount of Each Disbursement this Period

1049.49

Full Name (Last, First, Middle Initial)

**C. Dauntre Jenkins**

Mailing Address 914 E. Willcox Street

City Peoria State IL Zip Code 61603

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 30 / 2014

**Transaction ID : SB30B.36477**

Amount of Each Disbursement this Period

1112.97

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

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

3246.31

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dauntre Jenkins**

Mailing Address 914 E. Willcox Street

City Peoria State IL Zip Code 61603

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36642**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Steven Johnson**

Mailing Address 1411 E. Reservoir Street

City Springfield State IL Zip Code 62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36459**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kevin Josephs**

Mailing Address 1308 E. Campbell Street

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36554**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kevin Josephs**

Mailing Address 1308 E. Campbell Street

City State Zip Code  
Arlington Heights IL 60004

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36672**

Amount of Each Disbursement this Period

1227.99

Full Name (Last, First, Middle Initial)

**B. Elizabeth Jung**

Mailing Address 25 Kassebaum Lane

City State Zip Code  
Saint Louis MO 63129

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36462**

Amount of Each Disbursement this Period

1459.03

Full Name (Last, First, Middle Initial)

**C. Elizabeth Jung**

Mailing Address 25 Kassebaum Lane

City State Zip Code  
Saint Louis MO 63129

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36684**

Amount of Each Disbursement this Period

1585.32

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

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

4272.34

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Daniel Kallio**

Mailing Address 3733 S. Lowe Avenue

City Chicago State IL Zip Code 60609

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36463**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Daniel Kallio**

Mailing Address 3733 S. Lowe Avenue

City Chicago State IL Zip Code 60609

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36685**

Amount of Each Disbursement this Period

1227.99

Full Name (Last, First, Middle Initial)

**C. Matthew Kalmick**

Mailing Address 555 W. Strafford Place

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SB30B.36555**

Amount of Each Disbursement this Period

1142.09

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

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

3453.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Matthew Kalmick**

Mailing Address 555 W. Strafford Place

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

Transaction ID : SB30B.36673

Amount of Each Disbursement this Period

1288.58

Full Name (Last, First, Middle Initial)

**B. Kimberly Kargman**

Mailing Address 221 Mt. Auburn Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : SB30B.36538

Amount of Each Disbursement this Period

1922.23

Full Name (Last, First, Middle Initial)

**C. Kimberly Kargman**

Mailing Address 221 Mt. Auburn Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : SB30B.36567

Amount of Each Disbursement this Period

1922.23

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

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

5133.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kimberly Kargman**

Mailing Address 221 Mt. Auburn Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36655**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joseph Keefe**

Mailing Address 3638 Country Club

City Gurnee State IL Zip Code 60031

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36556**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Joseph Keefe**

Mailing Address 3638 Country Club

City Gurnee State IL Zip Code 60031

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36674**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Erin Kellogg**

Mailing Address 457 Landings Loop W

City Westerville State OH Zip Code 43082

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36478**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Erin Kellogg**

Mailing Address 457 Landings Loop W

City Westerville State OH Zip Code 43082

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36643**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kylie Kelly**

Mailing Address 10230 S. Bell

City Chicago State IL Zip Code 60643

Purpose of Disbursement  
Per Diem

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36395**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kylie Kelly**

Mailing Address 10230 S. Bell

City Chicago State IL Zip Code 60643

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 29 / 2014

**Transaction ID : SB30B.36429**

Amount of Each Disbursement this Period

275.26

Full Name (Last, First, Middle Initial)

**B. Robert Kern**

Mailing Address 1530 State Street

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 30 / 2014

**Transaction ID : SB30B.36494**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**C. Robert Kern**

Mailing Address 1530 State Street

City Bettendorf State IA Zip Code 52722

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 18 / 2014

**Transaction ID : SB30B.36701**

Amount of Each Disbursement this Period

1227.98

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

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

2587.09

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Claire Kimball**

Mailing Address 934 Walnut Street

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36539**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Claire Kimball**

Mailing Address 934 Walnut Street

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36568**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Claire Kimball**

Mailing Address 934 Walnut Street

City State Zip Code  
Deerfield IL 60015

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36656**

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kenneth Kimber**

Mailing Address 2217 Boysenberry Lane

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : SB30B.36436

Amount of Each Disbursement this Period

1274.23

Full Name (Last, First, Middle Initial)

**B. Kenneth Kimber**

Mailing Address 2217 Boysenberry Lane

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2014

Transaction ID : SB30B.36626

Amount of Each Disbursement this Period

1274.23

Full Name (Last, First, Middle Initial)

**C. Daniel Klein**

Mailing Address 1824 S. Halstead

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

Transaction ID : SB30B.36479

Amount of Each Disbursement this Period

1083.85

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

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

3632.31

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Daniel Klein**

Mailing Address 1824 S. Halstead

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36502**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Daniel Klein**

Mailing Address 1824 S. Halstead

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36644**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Brian Koppe**

Mailing Address 265 Rosewood Avenue

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36557**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brian Koppe**

Mailing Address 265 Rosewood Avenue

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36675**

Amount of Each Disbursement this Period

1227.98

Full Name (Last, First, Middle Initial)

**B. Kroger**

Mailing Address 255 W. 1st Drive

City Decatur State IL Zip Code 62521

Purpose of Disbursement  
Memo G-Cleaning supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 01 / 2014

**Transaction ID : SB30B.36522**

Amount of Each Disbursement this Period

10.53

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Kroger**

Mailing Address 255 W. 1st Drive

City Decatur State IL Zip Code 62521

Purpose of Disbursement  
Memo G-Cleaning supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SB30B.36524**

Amount of Each Disbursement this Period

18.70

**[MEMO ITEM]**

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

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

1227.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ben Lenet**

Mailing Address 1547 W. Blackhawk Avenue

City Chicago State IL Zip Code 60642

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : **SB30B.36437**

Amount of Each Disbursement this Period

2534.22

Full Name (Last, First, Middle Initial)

**B. Ben Lenet**

Mailing Address 1547 W. Blackhawk Avenue

City Chicago State IL Zip Code 60642

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2014

Transaction ID : **SB30B.36627**

Amount of Each Disbursement this Period

2534.21

Full Name (Last, First, Middle Initial)

**C. Benjamin Levin**

Mailing Address 127 Chargeur Road

City Reisterstown State MD Zip Code 21136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : **SB30B.36480**

Amount of Each Disbursement this Period

1083.85

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

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

6152.28

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Benjamin Levin**

Mailing Address 127 Chargeur Road

City Reisterstown State MD Zip Code 21136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : SB30B.36645**

Amount of Each Disbursement this Period

1049.49

Full Name (Last, First, Middle Initial)

**B. Seth Levin**

Mailing Address 127 Chargeur Road

City Reisterstown State MD Zip Code 21136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36481**

Amount of Each Disbursement this Period

1454.60

Full Name (Last, First, Middle Initial)

**C. Seth Levin**

Mailing Address 127 Chargeur Road

City Reisterstown State MD Zip Code 21136

Purpose of Disbursement  
Campaign expenses-see memo entries G

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SB30B.36507**

Amount of Each Disbursement this Period

219.90

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

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

2723.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Seth Levin**

Mailing Address 127 Chargeur Road

City State Zip Code  
Reisterstown MD 21136

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : SB30B.36646**

Amount of Each Disbursement this Period

1362.66

Full Name (Last, First, Middle Initial)

**B. Christopher Maley**

Mailing Address 2517 W. Harbauer Lane

City State Zip Code  
Springfield IL 62702

Purpose of Disbursement  
Per Diem

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SB30B.36392**

Amount of Each Disbursement this Period

1190.00

Full Name (Last, First, Middle Initial)

**C. Christopher Maley**

Mailing Address 2517 W. Harbauer Lane

City State Zip Code  
Springfield IL 62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB30B.36421**

Amount of Each Disbursement this Period

2927.33

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

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

5479.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Christopher Maley**

Mailing Address 2517 W. Harbauer Lane

City Springfield State IL Zip Code 62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB30B.36619**

Amount of Each Disbursement this Period

958.82

**B. Tim Mapes**

Full Name (Last, First, Middle Initial)

Mailing Address 632 Old Tippercanoe

City Springfield State IL Zip Code 62707

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB30B.36424**

Amount of Each Disbursement this Period

2483.97

**C. Tim Mapes**

Full Name (Last, First, Middle Initial)

Mailing Address 632 Old Tippercanoe

City Springfield State IL Zip Code 62707

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB30B.36621**

Amount of Each Disbursement this Period

4042.77

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

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

7485.56

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Jonathan Maxson**

Mailing Address 400 E. Jefferson

City Springfield State IL Zip Code 62701

Purpose of Disbursement  
Per Diem

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SB30B.36393**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Maxson**

Mailing Address 400 E. Jefferson

City Springfield State IL Zip Code 62701

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB30B.36430**

Amount of Each Disbursement this Period

1462.68

Full Name (Last, First, Middle Initial)

**C. Sean McConnell**

Mailing Address 4812 Bears Parkway

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB30B.36423**

Amount of Each Disbursement this Period

1222.90

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

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

3585.58

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Sean McConnell**

Mailing Address 4812 Bears Parkway

City Springfield State IL Zip Code 62711

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2014

**Transaction ID : SB30B.36620**

Amount of Each Disbursement this Period

1222.90

Full Name (Last, First, Middle Initial)

**B. Anna McGreal**

Mailing Address 1717 W. 102nd Street

City Chicago State IL Zip Code 60643

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36558**

Amount of Each Disbursement this Period

1112.97

Full Name (Last, First, Middle Initial)

**C. Anna McGreal**

Mailing Address 1717 W. 102nd Street

City Chicago State IL Zip Code 60643

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

**Transaction ID : SB30B.36676**

Amount of Each Disbursement this Period

1259.49

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

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

3595.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. David Mehundrew**

Mailing Address 121 Glen Aire Drive

City Springfield State IL Zip Code 62703

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB30B.36431**

Amount of Each Disbursement this Period

1388.24

Full Name (Last, First, Middle Initial)

**B. Edward Miller**

Mailing Address 57 North Beacon Street

City Hartford State CT Zip Code 06105

Purpose of Disbursement  
Campaign Expenses-see memo items A

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SB30B.36381**

Amount of Each Disbursement this Period

181.46

Full Name (Last, First, Middle Initial)

**C. Edward Miller**

Mailing Address 57 North Beacon Street

City Hartford State CT Zip Code 06105

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36464**

Amount of Each Disbursement this Period

1413.47

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

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

2983.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Edward Miller**

Mailing Address 57 North Beacon Street

City Hartford State CT Zip Code 06105

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36686**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Max Miller**

Mailing Address 915 South 6th Avenue

City LaGrange State IL Zip Code 60525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36451**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Max Miller**

Mailing Address 915 South 6th Avenue

City LaGrange State IL Zip Code 60525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36658**

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Solomon Miller

Mailing Address 1640 Maple Avenue

City State Zip Code  
Evanston IL 60201

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : **SB30B.36495**

Amount of Each Disbursement this Period

1083.85
---------

Full Name (Last, First, Middle Initial)

### B. Solomon Miller

Mailing Address 1640 Maple Avenue

City State Zip Code  
Evanston IL 60201

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

Transaction ID : **SB30B.36702**

Amount of Each Disbursement this Period

1227.99
---------

Full Name (Last, First, Middle Initial)

### C. Mission Control

Mailing Address 114A Mansfield Hollow Road

City State Zip Code  
Mansfield Center CT 06250

Purpose of Disbursement  
Printing and production-promote Schneider for Congress

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : **SB30B.36750**

Amount of Each Disbursement this Period

19019.64
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

21331.48
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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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Mission Control**

Mailing Address 114A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement  
Printing and production-promote Schneider for Congress

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2014

**Transaction ID : SB30B.36753**

Amount of Each Disbursement this Period

120138.30

Full Name (Last, First, Middle Initial)

**B. Mission Control**

Mailing Address 114A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement  
Printing and production-promote Schneider for Congress

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2014

**Transaction ID : SB30B.36756**

Amount of Each Disbursement this Period

24699.42

Full Name (Last, First, Middle Initial)

**C. Mission Control**

Mailing Address 114A Mansfield Hollow Road

City Mansfield Center State CT Zip Code 06250

Purpose of Disbursement  
Printing, Postage & Production-promotes Schneider for Congress

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 24 / 2014

**Transaction ID : SB30B.36827**

Amount of Each Disbursement this Period

45118.92

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

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

189956.64

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Moline Board of Education**

Mailing Address 1619 11th Avenue

City Moline State IL Zip Code 61265

Purpose of Disbursement  
Field house rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SB30B.36587**

Amount of Each Disbursement this Period

3969.06

Full Name (Last, First, Middle Initial)

**B. Shahdi Montazeri**

Mailing Address 20950 Norman Shores

City Cornelius State NC Zip Code 28031

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36482**

Amount of Each Disbursement this Period

1112.97

Full Name (Last, First, Middle Initial)

**C. Shahdi Montazeri**

Mailing Address 20950 Norman Shores

City Cornelius State NC Zip Code 28031

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : SB30B.36647**

Amount of Each Disbursement this Period

1078.61

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

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

6160.64

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Fernando Montoya**

Mailing Address 1600 Whittier Lane

City Wheaton State IL Zip Code 60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36483**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Fernando Montoya**

Mailing Address 1600 Whittier Lane

City Wheaton State IL Zip Code 60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : SB30B.36648**

Amount of Each Disbursement this Period

1049.48

Full Name (Last, First, Middle Initial)

**C. Felicia Moore**

Mailing Address 420 S. Durkin Drive

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36484**

Amount of Each Disbursement this Period

1166.19

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

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

3299.52

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

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

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

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

Full Name (Last, First, Middle Initial)

**A. Felicia Moore**

Mailing Address 420 S. Durkin Drive

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36649**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Alexander Morgan**

Mailing Address 725 St. Johns Avenue

City Highland Park State IL Zip Code 60035

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36559**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Alexander Morgan**

Mailing Address 725 St. Johns Avenue

City Highland Park State IL Zip Code 60035

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36677**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alexander Morgan**

Mailing Address 725 St. Johns Avenue

City Highland Park State IL Zip Code 60035

Purpose of Disbursement  
Campaign Expenses see memo items-N

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

**Transaction ID : SB30B.36715**

Amount of Each Disbursement this Period

450.44
--------

Full Name (Last, First, Middle Initial)

**B. Andrew Mossman**

Mailing Address 411 Wynona Road

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : SB30B.36465**

Amount of Each Disbursement this Period

1268.76
---------

Full Name (Last, First, Middle Initial)

**C. Andrew Mossman**

Mailing Address 411 Wynona Road

City Edwardsville State IL Zip Code 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

**Transaction ID : SB30B.36687**

Amount of Each Disbursement this Period

1445.64
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3164.84
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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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Kathy Murray**

Mailing Address 500 Wingate Drive

City Sherman State IL Zip Code 62684

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36623**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Russell Nagel**

Mailing Address 529 S. Glenwood Avenue

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36432**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cassandra Nerby**

Mailing Address 25 Timba Bah

City Atlantic City State WY Zip Code 82520

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36496**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cassandra Nerby**

Mailing Address 25 Timba Bah

City Atlantic City State WY Zip Code 82520

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36703**

Amount of Each Disbursement this Period

1227.98

Full Name (Last, First, Middle Initial)

**B. NGP Van**

Mailing Address Grove Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Memo H- Predictive Dialer

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SB30B.36528**

Amount of Each Disbursement this Period

1500.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Jason Nippa**

Mailing Address 11411 Michican Drive

City Spring Grove State IL Zip Code 60081

Purpose of Disbursement  
Per Diem

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SB30B.36394**

Amount of Each Disbursement this Period

900.00

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

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

2127.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jason Nippa**

Mailing Address 11411 Michican Drive

City Spring Grove State IL Zip Code 60081

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36433**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Norval Northcott**

Mailing Address 1722 Sheridan

City Zion State IL Zip Code 60099

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36412**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. North Park Rental Services**

Mailing Address 9624 N. Second

City Machesney Park State IL Zip Code 61115

Purpose of Disbursement  
Hall rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36573**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address Convenience Center Road

City Champaign State IL Zip Code 61820

Purpose of Disbursement  
Memo I-Toner

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.36531**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 20 Caryle Plaza Drive

City Belleville State IL Zip Code 62208

Purpose of Disbursement  
Memo K-Toner

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.36596**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Office Max**

Mailing Address 5455 E. State Street

City Rockford State IL Zip Code 61108

Purpose of Disbursement  
Memo J-Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.36590**

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ryanne Olsen**

Mailing Address 117 E. Dodge Street

City Jefferson State WI Zip Code 53549

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36560**

Amount of Each Disbursement this Period

1413.47

Full Name (Last, First, Middle Initial)

**B. Ryanne Olsen**

Mailing Address 117 E. Dodge Street

City Jefferson State WI Zip Code 53549

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2014

**Transaction ID : SB30B.36678**

Amount of Each Disbursement this Period

1539.73

Full Name (Last, First, Middle Initial)

**C. Erik Pannell**

Mailing Address 953 Goetz Drive

City East Saint Louis State IL Zip Code 62203

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

**Transaction ID : SB30B.36466**

Amount of Each Disbursement this Period

1171.21

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

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

4124.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Erik Pannell**

Mailing Address 953 Goetz Drive

City East Saint Louis State IL Zip Code 62203

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36688**

Amount of Each Disbursement this Period

1317.70

Full Name (Last, First, Middle Initial)

**B. Pivot Group, Inc.**

Mailing Address 1720 I Street SW, Suite 550

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Printing and production-promotes Callis and Bustos for Congress

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SB30B.36751**

Amount of Each Disbursement this Period

58511.22

Full Name (Last, First, Middle Initial)

**C. Kathryn Pond**

Mailing Address 449 19th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36497**

Amount of Each Disbursement this Period

1083.85

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

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

60912.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kathryn Pond**

Mailing Address 449 19th Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	4

**Transaction ID : SB30B.36704**

Amount of Each Disbursement this Period

1	2	2	7	9	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Dara Postar**

Mailing Address 1322 15th Street NW, Apt. 21

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Campaign expense-See memo M

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	0		2	0	1	4

**Transaction ID : SB30B.36617**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Quatro's Pizza**

Mailing Address 218 W. Freeman Street

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Memo B-Food for event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	1	4

**Transaction ID : SB30B.36410**

Amount of Each Disbursement this Period

2	4	6	6	6	6
---	---	---	---	---	---

**[MEMO ITEM]**

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

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

1	4	2	7	9	8
---	---	---	---	---	---

1	4	2	7	9	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Quatro's Pizza**

Mailing Address 218 W. Freeman Street

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Memo K-Food for event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SB30B.36599

Amount of Each Disbursement this Period

177.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Quatro's Pizza**

Mailing Address 218 W. Freeman Street

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Memo K-Food for event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SB30B.36603

Amount of Each Disbursement this Period

177.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Quatro's Pizza**

Mailing Address 218 W. Freeman Street

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Memo K-Food for event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SB30B.36609

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Quill Corporation**

Mailing Address P.O. Box 37600

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

**Transaction ID : SB30B.36503**

Amount of Each Disbursement this Period

4493.35

Full Name (Last, First, Middle Initial)

**B. Quill Corporation**

Mailing Address P.O. Box 37600

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2014

**Transaction ID : SB30B.36534**

Amount of Each Disbursement this Period

1773.80

Full Name (Last, First, Middle Initial)

**C. Quill Corporation**

Mailing Address P.O. Box 37600

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36570**

Amount of Each Disbursement this Period

326.92

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

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

6594.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Quill Corporation**

Mailing Address P.O. Box 37600

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36571**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Quill Corporation**

Mailing Address P.O. Box 37600

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36594**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Scott Redenbaugh**

Mailing Address 611 W. Church

City Champaign State IL Zip Code 61820

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36485**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Scott Redenbaugh**

Mailing Address 611 W. Church

City Champaign State IL Zip Code 61820

Purpose of Disbursement  
Campaign expenses-See memo I

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SB30B.36530**

Amount of Each Disbursement this Period

83.92

Full Name (Last, First, Middle Initial)

**B. Scott Redenbaugh**

Mailing Address 611 W. Church

City Champaign State IL Zip Code 61820

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : SB30B.36650**

Amount of Each Disbursement this Period

1321.51

Full Name (Last, First, Middle Initial)

**C. Megan Reenock**

Mailing Address 624 E. 9th Street

City Northampton State PA Zip Code 18067

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36452**

Amount of Each Disbursement this Period

1083.85

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

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

2489.28

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Megan Reenock**

Mailing Address 624 E. 9th Street

City Northhampton State PA Zip Code 18067

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36659**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jackson Reid**

Mailing Address 136 W. Glenlake Avenue

City Roselle State IL Zip Code 60172

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36561**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jackson Reid**

Mailing Address 136 W. Glenlake Avenue

City Roselle State IL Zip Code 60172

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36679**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Lyndsey Reller**

Mailing Address 313 S. Fillmore

City State Zip Code  
Edwardsville IL 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 30 / 2014

**Transaction ID : SB30B.36467**

Amount of Each Disbursement this Period

1112.97

Full Name (Last, First, Middle Initial)

**B. Lyndsey Reller**

Mailing Address 313 S. Fillmore

City State Zip Code  
Edwardsville IL 62025

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 18 / 2014

**Transaction ID : SB30B.36689**

Amount of Each Disbursement this Period

1259.48

Full Name (Last, First, Middle Initial)

**C. Janay Richmond**

Mailing Address 4104 Indian Hill Drive

City State Zip Code  
Country Club Hills IL 60478

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36562**

Amount of Each Disbursement this Period

1157.92

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

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

3530.37

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Janay Richmond**

Mailing Address 4104 Indian Hill Drive

City Country Club Hills State IL Zip Code 60478

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36680**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Janay Richmond**

Mailing Address 4104 Indian Hill Drive

City Country Club Hills State IL Zip Code 60478

Purpose of Disbursement  
Campaign Expenses see memo items-0

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36729**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kate Robbins**

Mailing Address 923 W. Main Street

City Belleville State IL Zip Code 62222

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36468**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kate Robbins**

Mailing Address 923 W. Main Street

City State Zip Code  
Belleville IL 62222

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 18 / 2014

**Transaction ID : SB30B.36690**

Amount of Each Disbursement this Period

2007.36

Full Name (Last, First, Middle Initial)

**B. Thomas Rothe**

Mailing Address 5106 Woodle Ranch Lane

City State Zip Code  
Rockford IL 61114

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
10 / 30 / 2014

**Transaction ID : SB30B.36498**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**C. Thomas Rothe**

Mailing Address 5106 Woodle Ranch Lane

City State Zip Code  
Rockford IL 61114

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 18 / 2014

**Transaction ID : SB30B.36705**

Amount of Each Disbursement this Period

1227.98

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

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

4319.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Royal Performance**

Mailing Address 2100 Western

City Lisle State IL Zip Code 60653

Purpose of Disbursement  
Gasoline cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36390**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Royal Performance**

Mailing Address 2100 Western

City Lisle State IL Zip Code 60653

Purpose of Disbursement  
Gasoline gift cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36808**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Royal Performance**

Mailing Address 2100 Western

City Lisle State IL Zip Code 60653

Purpose of Disbursement  
Gasoline cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36616**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bradley Ruppert**

Mailing Address 209 N. Lark Lane

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SB30B.36453

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Bradley Ruppert**

Mailing Address 209 N. Lark Lane

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : SB30B.36660

Amount of Each Disbursement this Period

1227.99

Full Name (Last, First, Middle Initial)

**C. Sam's Club**

Mailing Address 1350 W. Highway 50

City O'Fallon State IL Zip Code 62299

Purpose of Disbursement  
Memo entry E-Event food

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SB30B.36443

Amount of Each Disbursement this Period

66.11

[MEMO ITEM]

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

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

2311.84

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

**A. Schnucks**

Mailing Address 2665 N. Illinois Street

City Swansea State IL Zip Code 62226

Purpose of Disbursement  
Memo entry F-Food for event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36449**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Schnucks**

Mailing Address 2665 N. Illinois Street

City Swansea State IL Zip Code 62226

Purpose of Disbursement  
Memo K-Condiments

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36606**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Jeff Schuette**

Mailing Address 420 W. Edwards

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36434**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Christopher Shallow**

Mailing Address 8530 S. Michigan Avenue

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36499**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Christopher Shallow**

Mailing Address 8530 S. Michigan Avenue

City Chicago State IL Zip Code 60619

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36706**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Michelle Shui**

Mailing Address 1468 Holbrook Lane

City Batavia State IL Zip Code 60510

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36500**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Michelle Shui**

Mailing Address 1468 Holbrook Lane

City State Zip Code  
Batavia IL 60510

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

**Transaction ID : SB30B.36707**

Amount of Each Disbursement this Period

1227.99
---------

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 2490 West Wabash Avenue

City State Zip Code  
Springfield IL 62704

Purpose of Disbursement  
Memo G-Toner

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2014			

**Transaction ID : SB30B.36521**

Amount of Each Disbursement this Period

90.04
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 1325 E. Main Street

City State Zip Code  
Carbondale IL 62901

Purpose of Disbursement  
Memo A-Ink

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			24			2014			

**Transaction ID : SB30B.36382**

Amount of Each Disbursement this Period

84.62
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**[MEMO ITEM]**

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

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

1227.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Justin Steele**

Mailing Address 2814 Iowa Drive

City State Zip Code  
Fort Collins CO 80525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36563**

Amount of Each Disbursement this Period

1922.24

Full Name (Last, First, Middle Initial)

**B. Justin Steele**

Mailing Address 2814 Iowa Drive

City State Zip Code  
Fort Collins CO 80525

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 18 / 2014

**Transaction ID : SB30B.36681**

Amount of Each Disbursement this Period

2048.51

Full Name (Last, First, Middle Initial)

**C. Hannah Stonebraker**

Mailing Address 920 Bluff Street

City State Zip Code  
Glencoe IL 60022

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36564**

Amount of Each Disbursement this Period

1112.97

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

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

5083.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hannah Stonebraker**

Mailing Address 920 Bluff Street

City State Zip Code  
Glencoe IL 60022

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36682**

Amount of Each Disbursement this Period

1259.49

Full Name (Last, First, Middle Initial)

**B. Stephanie Sullivan**

Mailing Address 1832 N. 19th Street

City State Zip Code  
Springfield IL 62702

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SB30B.36422**

Amount of Each Disbursement this Period

1300.20

Full Name (Last, First, Middle Initial)

**C. Target Greatland**

Mailing Address Parkway Point

City State Zip Code  
Springfield IL 62704

Purpose of Disbursement  
Memo G-Coffee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SB30B.36516**

Amount of Each Disbursement this Period

44.55

**[MEMO ITEM]**

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

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

2559.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Amanda Taylor**

Mailing Address 1825 Florida

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36469**

Amount of Each Disbursement this Period

933.12

Full Name (Last, First, Middle Initial)

**B. Amanda Taylor**

Mailing Address 1825 Florida

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36691**

Amount of Each Disbursement this Period

1227.98

Full Name (Last, First, Middle Initial)

**C. Terra Strategies, LLC**

Mailing Address 100 East Grand, Suite 380

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Paid Canvass

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SB30B.36811**

Amount of Each Disbursement this Period

190066.00

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

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

192227.10

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Terra Strategies, LLC**

Mailing Address 100 East Grand, Suite 380

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Paid Canvassing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

**Transaction ID : SB30B.36820**

Amount of Each Disbursement this Period

65000.00

Full Name (Last, First, Middle Initial)

**B. Terra Strategies, LLC**

Mailing Address 100 East Grand, Suite 380

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Paid Canvass

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2014

**Transaction ID : SB30B.36824**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. The ASL Source**

Mailing Address 736 Federal Street

City Davenport State IA Zip Code 52803

Purpose of Disbursement  
Interpreting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : SB30B.36579**

Amount of Each Disbursement this Period

400.00

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

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

71400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. The Home Depot**

Mailing Address 2001 Belvidere Road

City Waukegan State IL Zip Code 60085

Purpose of Disbursement  
Memo P-Keys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SB30B.36737

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

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

Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Printing and production Enyart, gotv, VBM

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SB30B.36749

Amount of Each Disbursement this Period

54601.20

Full Name (Last, First, Middle Initial)

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

Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Production and Postage-promotes Enyart

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SB30B.36812

Amount of Each Disbursement this Period

100026.36

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

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

154627.56

**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)  
**DEMOCRATIC PARTY OF ILLINOIS**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
VOID 09-11-14 Volunteer exempt mail-Promote Enyart for Congress

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 05 / 2014

**Transaction ID : SB30B.36829**

Amount of Each Disbursement this Period

-81410.34

Full Name (Last, First, Middle Initial)

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

Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Production and Postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB30B.36823**

Amount of Each Disbursement this Period

81410.34

Full Name (Last, First, Middle Initial)

**C. Brandon Thompson**

Mailing Address 908 G StreetSE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign Expense-See memo B entries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SB30B.36402**

Amount of Each Disbursement this Period

2165.19

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

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

2165.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brandon Thompson**

Mailing Address 908 G StreetSE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign expenses-See memo K entries

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2014			

**Transaction ID : SB30B.36595**

Amount of Each Disbursement this Period

647.92
--------

Full Name (Last, First, Middle Initial)

**B. James Tinsley**

Mailing Address 1304 W. Beardsley

City Urbana State IL Zip Code 61801

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2014			

**Transaction ID : SB30B.36486**

Amount of Each Disbursement this Period

1083.85
---------

Full Name (Last, First, Middle Initial)

**C. James Tinsley**

Mailing Address 1304 W. Beardsley

City Urbana State IL Zip Code 61801

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

**Transaction ID : SB30B.36651**

Amount of Each Disbursement this Period

1049.48
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2781.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Blaine Tisdale**

Mailing Address 1110 Ravinia Court

City Shorewood State IL Zip Code 60404

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : **SB30B.36471**

Amount of Each Disbursement this Period

1083.85

Full Name (Last, First, Middle Initial)

**B. Blaine Tisdale**

Mailing Address 1110 Ravinia Court

City Shorewood State IL Zip Code 60404

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : **SB30B.36692**

Amount of Each Disbursement this Period

1227.98

Full Name (Last, First, Middle Initial)

**C. US Postal Store**

Mailing Address 120 W. Washington

City Belleville State IL Zip Code 62220

Purpose of Disbursement  
Memo B-Stamps

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : **SB30B.36408**

Amount of Each Disbursement this Period

238.00

**[MEMO ITEM]**

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

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

2311.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ryan Vickers**

Mailing Address 207 Laurel Drive

City State Zip Code  
Fairview Heights IL 62208

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36472**

Amount of Each Disbursement this Period

1080.83

Full Name (Last, First, Middle Initial)

**B. Ryan Vickers**

Mailing Address 207 Laurel Drive

City State Zip Code  
Fairview Heights IL 62208

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36693**

Amount of Each Disbursement this Period

1224.99

Full Name (Last, First, Middle Initial)

**C. Edward Visel**

Mailing Address 1835 Bay Street SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36501**

Amount of Each Disbursement this Period

1503.82

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

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

3809.64

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Edward Visel**

Mailing Address 1835 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Campaign expenses-See memo J

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

**Transaction ID : SB30B.36589**

Amount of Each Disbursement this Period

88.34

Full Name (Last, First, Middle Initial)

**B. Edward Visel**

Mailing Address 1835 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36708**

Amount of Each Disbursement this Period

1630.89

Full Name (Last, First, Middle Initial)

**C. Walgreens**

Mailing Address 1811 Belvidere Road

City Waukegan State IL Zip Code 60085

Purpose of Disbursement  
Memo N-Water

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : SB30B.36718**

Amount of Each Disbursement this Period

12.04

**[MEMO ITEM]**

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

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

1719.23

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Walgreens**

Mailing Address 1811 Belvidere Road

City Waukegan State IL Zip Code 60085

Purpose of Disbursement  
Memo P-Cleaning supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SB30B.36739

Amount of Each Disbursement this Period

5.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Walmart**

Mailing Address 1450 E. Main

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Memo A-Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2014

Transaction ID : SB30B.36384

Amount of Each Disbursement this Period

56.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Walmart**

Mailing Address 3401 Freedom Drive

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Memo G-Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2014

Transaction ID : SB30B.36520

Amount of Each Disbursement this Period

9.66

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Walmart**

Mailing Address 3900 Fountain Square Pl.

City Waukegan State IL Zip Code 60085

Purpose of Disbursement  
Memo N-Ponchos and stamps

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 18 / 2014

Transaction ID : SB30B.36720

Amount of Each Disbursement this Period

89.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Walmart**

Mailing Address 3401 Freedom Drive

City Springfield State IL Zip Code 62704

Purpose of Disbursement  
Memo G-Legal pads

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SB30B.36518

Amount of Each Disbursement this Period

7.11

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Waukegan MPO**

Mailing Address 326 N. Genesee Street

City Waukegan State IL Zip Code 60085

Purpose of Disbursement  
Memo P-Mail

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SB30B.36734

Amount of Each Disbursement this Period

5.88

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Julius West**

Mailing Address 325 P. St. SW Apt. # 912

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36454**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Julius West**

Mailing Address 325 P. St. SW Apt. # 912

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Campaign expenses-See memo entry L

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36610**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Julius West**

Mailing Address 325 P. St. SW Apt. # 912

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.36661**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Crystal Weston**

Mailing Address 2634 Pine Street

City Granite City State IL Zip Code 62040

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : **SB30B.36456**

Amount of Each Disbursement this Period

1486.78

Full Name (Last, First, Middle Initial)

**B. Crystal Weston**

Mailing Address 2634 Pine Street

City Granite City State IL Zip Code 62040

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : **SB30B.36662**

Amount of Each Disbursement this Period

1304.42

Full Name (Last, First, Middle Initial)

**C. Ryan Winter**

Mailing Address 1769 Lucky Debonair Court

City Wheaton State IL Zip Code 60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : **SB30B.36487**

Amount of Each Disbursement this Period

1459.05

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

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

4250.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ryan Winter**

Mailing Address 1769 Lucky Debonair Court

City State Zip Code  
Wheaton IL 60189

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 17 / 2014

**Transaction ID : SB30B.36652**

Amount of Each Disbursement this Period

1367.09

Full Name (Last, First, Middle Initial)

**B. Alyssa Zavislak**

Mailing Address 1551 S. Lloyd

City State Zip Code  
Lombard IL 60148

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36541**

Amount of Each Disbursement this Period

1413.47

Full Name (Last, First, Middle Initial)

**C. Alyssa Zavislak**

Mailing Address 1551 S. Lloyd

City State Zip Code  
Lombard IL 60148

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 03 / 2014

**Transaction ID : SB30B.36569**

Amount of Each Disbursement this Period

1413.47

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

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

4194.03

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Alyssa Zavislak**

Mailing Address 1551 S. Lloyd

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36657**

Amount of Each Disbursement this Period

1539.73

Full Name (Last, First, Middle Initial)

**B. Julian Zito**

Mailing Address 400 W. College Apt 1

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SB30B.36473**

Amount of Each Disbursement this Period

1142.09

Full Name (Last, First, Middle Initial)

**C. Julian Zito**

Mailing Address 400 W. College Apt 1

City Carbondale State IL Zip Code 62901

Purpose of Disbursement  
Wages

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

**Transaction ID : SB30B.36694**

Amount of Each Disbursement this Period

1288.58

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

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

3970.40

1137236.53

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

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS

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

Methods of allocation:

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

<p>ACTIVITY OR EVENT IDENTIFIER 09-23-14 Fall Event (09/23/2014)</p> <p>ACTIVITY IS:  <input checked="" type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input checked="" type="checkbox"/> Same as Previously Reported</p> <p style="text-align: center;"><b>Transaction ID : H2.37375</b></p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">21.00 %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">79.00 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER 10-09-14 Event (ComEd) (10/09/2014)</p> <p>ACTIVITY IS:  <input checked="" type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input checked="" type="checkbox"/> Same as Previously Reported</p> <p style="text-align: center;"><b>Transaction ID : H2.37376</b></p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">21.00 %</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">79.00 %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p>	<p style="text-align: center;">FEDERAL %</p> <p style="text-align: center;">%</p>	<p style="text-align: center;">NONFEDERAL %</p> <p style="text-align: center;">%</p>

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

NAME OF COMMITTEE (In Full)  
DEMOCRATIC PARTY OF ILLINOIS

NAME OF ACCOUNT DEMOCRATIC PARTY OF ILLINOIS	DATE OF RECEIPT MM / DD / YYYY 11 / 04 / 2014	TOTAL AMOUNT TRANSFERRED 39015.64
-------------------------------------------------	-----------------------------------------------------	--------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	39015.64
<b>Transaction ID : H3.36339</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	39015.64
<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).....	39015.64

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

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.36361</b> <b>Citrix Online, LLC</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 File 50264		Allocated Activity or Event Year-To-Date 413932.51	
City State Zip Code Los Angles CA 90074	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Go to Webinar Service		Allocated Activity or Event Year-To-Date 413932.51	
Activity or Event Identifier: <b>Administrative</b>			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
56.07 + 210.93 = 267.00			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.36363</b> <b>Quill Corporation</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 37600		Allocated Activity or Event Year-To-Date 414812.49	
City State Zip Code Philadelphia PA 19101	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Office supplies		Allocated Activity or Event Year-To-Date 414812.49	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
184.80 + 695.18 = 879.98			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.36364</b> <b>Mary Ladas</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 90 Timberline Drive		Allocated Activity or Event Year-To-Date 414832.49	
City State Zip Code Lemont IL 60439	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Cab fare		Allocated Activity or Event Year-To-Date 414832.49	
Activity or Event Identifier: Administrative			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
4.20 + 15.80 = 20.00			

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
245.07		921.91		1166.98

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

Form A: PNC Bank, Transaction ID: H4.36752. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Bank charges), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/17/2014), and Year-To-Date amount (414872.49). Summary: FEDERAL SHARE 8.40, NONFEDERAL SHARE 31.60, TOTAL AMOUNT 40.00.

Form B: Commonwealth Edison, Transaction ID: H4.36368. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Utilities), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/19/2014), and Year-To-Date amount (414955.00). Summary: FEDERAL SHARE 17.33, NONFEDERAL SHARE 65.18, TOTAL AMOUNT 82.51.

Form C: UPS, Transaction ID: H4.36370. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Shipping), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/19/2014), and Year-To-Date amount (415040.54). Summary: FEDERAL SHARE 17.96, NONFEDERAL SHARE 67.58, TOTAL AMOUNT 85.54.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 43.69, NONFEDERAL SHARE 164.36, TOTAL AMOUNT 208.05.

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Quill Corporation. Transaction ID: H4.36371. Allocated Activity or Event: Administrative. Date: 10/19/2014. Year-to-Date: 415507.57. Total Amount: 467.03.

Form B: Commonwealth Edison. Transaction ID: H4.36372. Allocated Activity or Event: Administrative. Date: 10/19/2014. Year-to-Date: 415584.12. Total Amount: 76.55.

Form C: Charter Communications. Transaction ID: H4.36373. Allocated Activity or Event: Administrative. Date: 10/19/2014. Year-to-Date: 415798.12. Total Amount: 214.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 159.10, 598.48, 757.58.

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: AT & T Teleconference Services. Transaction ID: H4.36375. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form B: Comcast Cable. Transaction ID: H4.36391. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form C: UPS. Transaction ID: H4.36396. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (248.88), NONFEDERAL SHARE (936.26), TOTAL AMOUNT (1185.14).

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Quill Corporation, Transaction ID: H4.36397. Allocated Activity: Administrative. Date: 10/24/2014. Total Amount: 127.48.

Form B: Burnham Center, Transaction ID: H4.36399. Allocated Activity: Administrative. Date: 10/24/2014. Total Amount: 1783.44.

Form C: R.W. Troxell and Company, Transaction ID: H4.36400. Allocated Activity: Administrative. Date: 10/26/2014. Total Amount: 1110.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE (634.39), NONFEDERAL SHARE (2386.53), TOTAL AMOUNT (3020.92).

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.36401
CWLP
Mailing Address 300 South Seventh Street
City Springfield State IL Zip Code 62757
Purpose of Disbursement: Utilities
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Date 10/26/2014
FEDERAL SHARE 4.33 NONFEDERAL SHARE 16.27 TOTAL AMOUNT 20.60

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.36414
TTI National
Mailing Address P.O. Box 96003
City Charlotte State NC Zip Code 28296-0003
Purpose of Disbursement: Telephone
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Date 10/28/2014
FEDERAL SHARE 9.19 NONFEDERAL SHARE 34.57 TOTAL AMOUNT 43.76

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.36415
TTI National
Mailing Address P.O. Box 96003
City Charlotte State NC Zip Code 28296-0003
Purpose of Disbursement: Telephone
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Date 10/28/2014
FEDERAL SHARE 5.52 NONFEDERAL SHARE 20.78 TOTAL AMOUNT 26.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 19.04, 71.62, 90.66

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)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.36425
Kathy Murray
Mailing Address 500 Wingate Drive
City Sherman State IL Zip Code 62684
Purpose of Disbursement: Wages-spent <25% on FEA
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 421823.70
Date 10 / 29 / 2014
FEDERAL SHARE 363.06 + NONFEDERAL SHARE 1365.80 = TOTAL AMOUNT 1728.86

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.36438
Sarah Nelson
Mailing Address 655 W. Irving Park Road Apt. 5015
City Chicago State IL Zip Code 60613
Purpose of Disbursement: Wages spent < 25% on FEA
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 422139.92
Date 10 / 29 / 2014
FEDERAL SHARE 66.41 + NONFEDERAL SHARE 249.81 = TOTAL AMOUNT 316.22

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.36439
Emily Wurth
Mailing Address 2267 Boysenberry Lane
City Springfield State IL Zip Code 62711
Purpose of Disbursement: Wages spent < 25% on FEA
Activity or Event Identifier: Administrative
Allocated Activity or Event: [X] Administrative [ ] Fundraising [ ] Exempt
[ ] Voter Drive [ ] Direct Candidate Support
[ ] Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date 424020.16
Date 10 / 29 / 2014
FEDERAL SHARE 394.85 + NONFEDERAL SHARE 1485.39 = TOTAL AMOUNT 1880.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 824.32, 3101.00, 3925.32

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Powerplay Properties, Transaction ID: H4.36440. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Utilities), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (10/30/2014), and a summary table showing Federal Share (1.64), NonFederal Share (6.17), and Total Amount (7.81).

Form B: UPS, Transaction ID: H4.36535. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Shipping), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (11/02/2014), and a summary table showing Federal Share (17.47), NonFederal Share (65.70), and Total Amount (83.17).

Form C: Powerplay Properties, Transaction ID: H4.36536. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Rent), Activity or Event Identifier (Administrative), Allocated Activity or Event (Administrative checked), Date (11/03/2014), and a summary table showing Federal Share (58.50), NonFederal Share (220.06), and Total Amount (278.56).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (77.61) + NONFEDERAL SHARE (291.93) = TOTAL AMOUNT (369.54)

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: AT & T-P.O. Box 5080. Transaction ID: H4.36572. Allocated Activity or Event: Administrative. Date: 11/03/2014. Total Amount: 913.67.

Form B: Nicor Gas. Transaction ID: H4.36575. Allocated Activity or Event: Administrative. Date: 11/03/2014. Total Amount: 45.35.

Form C: Culligan of Decatur. Transaction ID: H4.36593. Allocated Activity or Event: Administrative. Date: 11/07/2014. Total Amount: 128.90.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 228.46, 859.46, 1087.92.

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)

DEMOCRATIC PARTY OF ILLINOIS

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.36613
US Postal Service
Mailing Address P.O. Box 0575
City Carol Stream State IL Zip Code 60135
Purpose of Disbursement: Postage
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 425977.62
Date 11 / 10 / 2014
FEDERAL SHARE 105.00 + NONFEDERAL SHARE 395.00 = TOTAL AMOUNT 500.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.36615
Safeguard Business Systems, Inc.
Mailing Address P.O. Box 910947
City Los Angeles State CA Zip Code 90091-0947
Purpose of Disbursement: Checks
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 426145.70
Date 11 / 10 / 2014
FEDERAL SHARE 35.30 + NONFEDERAL SHARE 132.78 = TOTAL AMOUNT 168.08

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.36628
Sarah Nelson
Mailing Address 655 W. Irving Park Road Apt. 5015
City Chicago State IL Zip Code 60613
Purpose of Disbursement: Wages
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 427640.75
Date 11 / 13 / 2014
FEDERAL SHARE 313.96 + NONFEDERAL SHARE 1181.09 = TOTAL AMOUNT 1495.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 454.26, 1708.87, 2163.13

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.36629 Emily Wurth. Mailing Address 2267 Boysenberry Lane. City Springfield State IL Zip Code 62711. Purpose of Disbursement: Wages. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Allocated Activity or Event Year-To-Date: 429083.84. Date: 11/13/2014. FEDERAL SHARE: 303.05, NONFEDERAL SHARE: 1140.04, TOTAL AMOUNT: 1443.09.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.36633 Central Management Services. Mailing Address P.O. Box 10077. City Springfield State IL Zip Code 62791. Purpose of Disbursement: Insurance-employee spent <25% on FEA. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Allocated Activity or Event Year-To-Date: 430008.21. Date: 11/13/2014. FEDERAL SHARE: 194.12, NONFEDERAL SHARE: 730.25, TOTAL AMOUNT: 924.37.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.36634 Emily Wurth. Mailing Address 2267 Boysenberry Lane. City Springfield State IL Zip Code 62711. Purpose of Disbursement: Insurance-employee spent <25% on FEA. Activity or Event Identifier: Administrative. Allocated Activity or Event: Administrative. Allocated Activity or Event Year-To-Date: 430360.35. Date: 11/13/2014. FEDERAL SHARE: 73.95, NONFEDERAL SHARE: 278.19, TOTAL AMOUNT: 352.14.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 571.12, 2148.48, 2719.60.

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Above & Beyond Cleaning. Transaction ID: H4.36635. Allocated Activity: Administrative. Year-To-Date: 430485.35. Date: 11/14/2014. Federal Share: 26.25, NonFederal Share: 98.75, Total Amount: 125.00.

Form B: UPS. Transaction ID: H4.36637. Allocated Activity: Administrative. Year-To-Date: 430516.89. Date: 11/14/2014. Federal Share: 6.62, NonFederal Share: 24.92, Total Amount: 31.54.

Form C: AIG. Transaction ID: H4.36709. Allocated Activity: Administrative. Year-To-Date: 431505.89. Date: 11/18/2014. Federal Share: 207.69, NonFederal Share: 781.31, Total Amount: 989.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 240.56, 904.98, 1145.54.

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.36710
AT & T-P.O. Box 5014 Carol Stream
Mailing Address P.O. Box 5014
City Carol Stream State IL Zip Code 60197
Purpose of Disbursement: Telephone
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 431550.89
Date 11 / 18 / 2014
FEDERAL SHARE 9.45 + NONFEDERAL SHARE 35.55 = TOTAL AMOUNT 45.00

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.36711
ATT-Carol Stream
Mailing Address P.O. Box 5080
City Carol Stream State IL Zip Code 60197
Purpose of Disbursement: Telephone
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 431831.83
Date 11 / 18 / 2014
FEDERAL SHARE 59.00 + NONFEDERAL SHARE 221.94 = TOTAL AMOUNT 280.94

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.36712
ATT-Carol Stream
Mailing Address P.O. Box 5080
City Carol Stream State IL Zip Code 60197
Purpose of Disbursement: Telephone
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative
Allocated Activity or Event Year-To-Date 433426.03
Date 11 / 18 / 2014
FEDERAL SHARE 334.78 + NONFEDERAL SHARE 1259.42 = TOTAL AMOUNT 1594.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 403.23, 1516.91, 1920.14

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)

DEMOCRATIC PARTY OF ILLINOIS

Form A: Commonwealth Edison. Transaction ID: H4.36713. Allocated Activity or Event: Administrative. Date: 11/18/2014. Total Amount: 183.97.

Form B: Charter Communications. Transaction ID: H4.36714. Allocated Activity or Event: Administrative. Date: 11/18/2014. Total Amount: 144.51.

Form C: CWLP. Transaction ID: H4.36741. Allocated Activity or Event: Administrative. Date: 11/24/2014. Total Amount: 19.87.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 73.15, 275.20, 348.35.

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)

**DEMOCRATIC PARTY OF ILLINOIS**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.36362</b> <b>Frye-Williamson Press, Inc.</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 1057		Allocated Activity or Event Year-To-Date _____ 194930.76	
City Springfield State IL Zip Code 62705	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Printing		Allocated Activity or Event Year-To-Date _____ 194930.76	
Activity or Event Identifier: <b>09-23-14 Fall Event(09/23/2014)</b>		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 112.51		_____ 423.24	
		_____ 535.75	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.36416</b> <b>Citi Cards</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Processing Center P.O. Box 688901		Allocated Activity or Event Year-To-Date _____ 9834.46	
City Des Moines State IA Zip Code 50363	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: Fundraiser-see memo entry D		Allocated Activity or Event Year-To-Date _____ 9834.46	
Activity or Event Identifier: 10-09-14 Event (ComEd)(10/09/2014)		Date <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 2065.24		_____ 7769.22	
		_____ 9834.46	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.36417</b> <b>Union League</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 65 W. Jackson Boulevard		Allocated Activity or Event Year-To-Date _____ 9834.46	
City Chicago State IL Zip Code 60604	Category/ Type	Date <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: memoD-Fundraiser hall		Allocated Activity or Event Year-To-Date _____ 9834.46	
Activity or Event Identifier: 10-09-14 Event (ComEd)(10/09/2014)		Date <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>	
[MEMO ITEM]			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
_____ 2065.24		_____ 7769.22	
		_____ 9834.46	

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 2177.75		_____ 8192.46		_____ 10370.21

**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
_____ 7029.25		_____ 26443.25		_____ 33472.50

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

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

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

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

NAME OF ACCOUNT Democratic Party of IL Non Federal	DATE OF RECEIPT MM / DD / YYYY 11 / 13 / 2014	TOTAL AMOUNT TRANSFERRED 164502.49
-------------------------------------------------------	-----------------------------------------------------	---------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.36768
VOTER REGISTRATION		
i) <b>Voter Registration</b> Total Amount Transferred for Voter Registration.....	0.00	
VOTER ID		
ii) <b>Voter ID</b> Total Amount Transferred for Voter ID .....	0.00	
GOTV		
iii) <b>GOTV</b> Total Amount Transferred for GOTV .....	0.00	
GENERIC CAMPAIGN ACTIVITY		
iv) <b>Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity .....	164502.49	

NAME OF ACCOUNT Democratic Party of IL Non Federal	DATE OF RECEIPT MM / DD / YYYY 11 / 13 / 2014	TOTAL AMOUNT TRANSFERRED 350.00
-------------------------------------------------------	-----------------------------------------------------	------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.36769
VOTER REGISTRATION		
i) <b>Voter Registration</b> Total Amount Transferred for Voter Registration.....	0.00	
VOTER ID		
ii) <b>Voter ID</b> Total Amount Transferred for Voter ID .....	0.00	
GOTV		
iii) <b>GOTV</b> Total Amount Transferred for GOTV .....	0.00	
GENERIC CAMPAIGN ACTIVITY		
iv) <b>Generic Campaign Activity</b> Total Amount Transferred for Generic Campaign Activity .....	350.00	

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

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

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

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

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

NAME OF ACCOUNT Democratic Party of IL Non Federal	DATE OF RECEIPT MM / DD / YYYY 11 / 13 / 2014	TOTAL AMOUNT TRANSFERRED 145.25
-------------------------------------------------------	-----------------------------------------------------	------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.36770
i) <b>Voter Registration</b>		
Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION	0.00
ii) <b>Voter ID</b>		
Total Amount Transferred for Voter ID .....	VOTER ID	0.00
iii) <b>GOTV</b>		
Total Amount Transferred for GOTV .....	GOTV	0.00
iv) <b>Generic Campaign Activity</b>		
Total Amount Transferred for Generic Campaign Activity .....	GENERIC CAMPAIGN ACTIVITY	145.25

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	0.00
TOTAL This Period (Voter ID) .....	0.00
TOTAL This Period (GOTV).....	0.00
TOTAL This Period (Generic Campaign Activity).....	164997.74
TOTAL This Period (Total Amount of Transfers Received).....	164997.74

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

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>Paladin Political Group, LLC</b>			Type of Allocated Activity or Event: <input checked="" type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
<b>Transaction ID : H6.36814</b>			Allocated Activity or Event Year-To-Date 23279.28		
Mailing Address 29 S. LaSalle Street			Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>		
City Chicago	State IL	Zip Code 60603			
Purpose of Disbursement Vote by mail			Date		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
4888.65			18390.63		23279.28

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>The Sexton Group</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input checked="" type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
<b>Transaction ID : H6.36817</b>			Allocated Activity or Event Year-To-Date 66004.40		
Mailing Address 321 N. Clark			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
City Chicago	State IL	Zip Code 60654			
Purpose of Disbursement GOTV Calls			Date		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
13860.92			52143.48		66004.40

C. Full Name (Last, First, Middle Initial) / Full Organization Name <b>U.S. Postmaster</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
<b>Transaction ID : H6.36745</b>			Allocated Activity or Event Year-To-Date 1468806.88		
Mailing Address 132 N. Kansas			Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>		
City Edwardsville	State IL	Zip Code 62025-9998			
Purpose of Disbursement Postage			Date		
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
210.00			790.00		1000.00

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
18959.57			71324.11		90283.68
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
<b>TOTAL</b> This Period for the Levin Share					

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

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>U.S. Postmaster</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : <b>H6.36747</b>			Allocated Activity or Event Year-To-Date <b>1469306.88</b>		
Mailing Address 95 State Street			Date <b>10 / 17 / 2014</b>		
City Peoria	State IL	Zip Code 61601	Category/Type <b>001</b>		
Purpose of Disbursement Postage					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<b>105.00</b>			<b>395.00</b>		<b>500.00</b>

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>Ambrosino Muir Hansen Crouse</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : <b>H6.36754</b>			Allocated Activity or Event Year-To-Date <b>1485056.88</b>		
Mailing Address 500 Sansome Street			Date <b>10 / 17 / 2014</b>		
City San Francisco	State CA	Zip Code 94111	Category/Type <b>006</b>		
Purpose of Disbursement Vote by mail mailing					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<b>3307.50</b>			<b>12442.50</b>		<b>15750.00</b>

C. Full Name (Last, First, Middle Initial) / Full Organization Name <b>U.S. Postmaster</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : <b>H6.36757</b>			Allocated Activity or Event Year-To-Date <b>1485806.88</b>		
Mailing Address 5225 Harrison Avenue			Date <b>10 / 20 / 2014</b>		
City Rockford	State IL	Zip Code 61125-9300	Category/Type <b>001</b>		
Purpose of Disbursement Postage					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<b>157.50</b>			<b>592.50</b>		<b>750.00</b>

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<b>3570.00</b>			<b>13430.00</b>		<b>17000.00</b>
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
<b>TOTAL</b> This Period for the Levin Share					

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

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>U.S. Postmaster</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : <b>H6.36759</b>			Allocated Activity or Event Year-To-Date <b>1486556.88</b>	
Mailing Address 2001 N. Mattis Avenue		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>		
City Champaign	State IL	Zip Code 61821-9998	Category/Type <input type="text" value="001"/>	
Purpose of Disbursement Postage				
FEDERAL SHARE <input type="text" value="157.50"/>		+ LEVIN SHARE <input type="text" value="592.50"/>		= TOTAL AMOUNT <input type="text" value="750.00"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name <b>U.S. Postmaster</b>			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : <b>H6.36761</b>			Allocated Activity or Event Year-To-Date <b>1487556.88</b>	
Mailing Address 120 W. Washington Street		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>		
City Belleville	State IL	Zip Code 62220-9998	Category/Type <input type="text" value="001"/>	
Purpose of Disbursement Postage				
FEDERAL SHARE <input type="text" value="210.00"/>		+ LEVIN SHARE <input type="text" value="790.00"/>		= TOTAL AMOUNT <input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address			Allocated Activity or Event Year-To-Date	
City		State	Zip Code	Date
Purpose of Disbursement		Category/Type		
FEDERAL SHARE		+ LEVIN SHARE		= TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page				
FEDERAL SHARE <input type="text" value="367.50"/>		+ LEVIN SHARE <input type="text" value="1382.50"/>		= TOTAL AMOUNT <input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE <input type="text" value="22897.07"/>		LEVIN SHARE <input type="text" value="86136.61"/>		= TOTAL AMOUNT <input type="text" value="109033.68"/>
<b>TOTAL</b> This Period for the Levin Share				

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

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL.36772

NAME OF COMMITTEE (In Full) DEMOCRATIC PARTY OF ILLINOIS		
NAME OF ACCOUNT Democratic Party of IL Non Federal		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0.00	40000.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	0.00	40000.00
2. OTHER RECEIPTS .....	12450.00	1586904.88
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	12450.00	1626904.88
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	164997.74	947900.20
(e) Total .....	164997.74	947900.20
5. OTHER DISBURSEMENTS .....	0.00	0.00
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	164997.74	947900.20
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	788552.42	0.00
8. RECEIPTS ..... (from Line 3)	12450.00	1626904.88
9. SUBTOTAL ..... (Add Lines 7 and 8)	801002.42	1626904.88
10. DISBURSEMENTS ..... (From Line 6)	164997.74	947900.20
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	636004.68	679004.68

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

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

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

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

**A. Aptus Strategies**

Account : 18789

Mailing Address P.O. Box 53

City Chicago State IL Zip Code 60654

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36775

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

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

**B. Arab American Democratic Club**

Account : 18789

Mailing Address 10500 Southwest Highway

City Chicago Ridge State IL Zip Code 60415

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36777

Amount of Each Receipt this Period

250.00

Aggregate Year-to-Date

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

**C. Arnstein & Lehr**

Account : 18789

Mailing Address 120 South Riverside

City Chicago State IL Zip Code 60606

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36779

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

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

**D. Bristol-Myers Squibb Company**

Account : 18789

Mailing Address P.O. Box 25277

City Tampa State FL Zip Code 33622

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36783

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

1700.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

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

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

Account : 18789

Mailing Address 70 W. Madison Street

City Chicago State IL Zip Code 60602

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36785

Amount of Each Receipt this Period

450.00

Aggregate Year-to-Date

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

**B. Cagwood Consulting**

Account : 18789

Mailing Address 345 Bloom Street

City Highland Park State IL Zip Code 60035

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36787

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

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

**C. Carol Ammons for State Representative**

Account : 18789

Mailing Address P.O. Box 53

City Urbana State IL Zip Code 61803-0053

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36773

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

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

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

Account : 18789

Mailing Address P.O. Box 478091

City Chicago State IL Zip Code 60647

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36781

Amount of Each Receipt this Period

150.00

Aggregate Year-to-Date

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

1050.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

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

**A. CNA Continental Casualty Company**

Account : 18789

Mailing Address 333 S. Wabash Avenue

City Chicago State IL Zip Code 60604

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36789

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

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

**B. Community Health PAC, Inc.**

Account : 18789

Mailing Address 3013 Red Bud Lane

City Springfield State IL Zip Code 62712

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36803

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

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

Account : 18789

Mailing Address 1 East Wacker Drive

City Chicago State IL Zip Code 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36791

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

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

Account : 18789

Mailing Address 225 E. Cook Street

City Springfield State IL Zip Code 62704

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 25 / 2014

Transaction ID : SASL2.36793

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

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

4800.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC PARTY OF ILLINOIS**

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

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

Account : 18789

Mailing Address 5821 S. Calcumet

City Chicago State IL Zip Code 60637

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.36795

Amount of Each Receipt this Period

900.00

Aggregate Year-to-Date

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

**B. Cuda Law Offices**

Account : 18789

Mailing Address 6525 North Avenue, Suite 204

City Oak Park State IL Zip Code 60302

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.36797

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

**C. Dan Shomon, Inc.**

Account : 18789

Mailing Address 33 West Monroe, Suite 1050

City Chicago State IL Zip Code 60603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.36799

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

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

**D. DeVry**

Account : 18789

Mailing Address 3005 Highland Parkway

City Downers Grove State IL Zip Code 60515

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : SASL2.36801

Amount of Each Receipt this Period

2500.00

Aggregate Year-to-Date

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

4900.00

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

12450.00

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 163
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input checked="" type="checkbox"/> 4d	

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

Full Name (Last, First, Middle Initial) / Full Organization Name <b>A. DEMOCRATIC PARTY OF ILLINOIS</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 13 / 2014
Mailing Address P.O. BOX 518			<b>Transaction ID : SBSL4D.36805</b>
City SPRINGFIELD	State IL	Zip Code 62705	Amount of Each Disbursement this Period 164502.49
Purpose of Disbursement Transfer from Levin Funds			<b>Account : 18789</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <b>B. DEMOCRATIC PARTY OF ILLINOIS</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 13 / 2014
Mailing Address P.O. BOX 518			<b>Transaction ID : SBSL4D.36806</b>
City SPRINGFIELD	State IL	Zip Code 62705	Amount of Each Disbursement this Period 350.00
Purpose of Disbursement Transfer from Levin Funds			<b>Account : 18789</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <b>C. DEMOCRATIC PARTY OF ILLINOIS</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 13 / 2014
Mailing Address P.O. BOX 518			<b>Transaction ID : SBSL4D.36807</b>
City SPRINGFIELD	State IL	Zip Code 62705	Amount of Each Disbursement this Period 145.25
Purpose of Disbursement Transfer from Levin Funds			<b>Account : 18789</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <b>D.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<b>Account :</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <b>E.</b>			Date of Disbursement M M / D D / Y Y Y Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			<b>Account :</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	164997.74
<b>TOTAL</b> This Period (last page this line number only)..... ▶	164997.74