

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
CITIZENS FOR THERESA KORMOS

ADDRESS (number and street) PO BOX 672
 Check if different than previously reported. (ACC) O'FALLON IL 62269

2. **FEC IDENTIFICATION NUMBER** C C00505073 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
IL 12

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
09 / 01 / 2011 through 12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Tonya Shorter
Signature of Treasurer Tonya Shorter *[Electronically Filed]* Date M M / D D / Y Y Y Y
03 / 16 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR THERESA KORMOS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1950.13	1950.13
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1950.13	1950.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20716.57	20716.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20716.57	20716.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6233.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CITIZENS FOR THERESA KORMOS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1510.00	1510.00
(ii) Unitemized.....	440.13	440.13
(iii) TOTAL of contributions from individuals ▶	1950.13	1950.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1950.13	1950.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	25000.00	25000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	25000.00	25000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26950.13	26950.13

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20716.57	20716.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20716.57	20716.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26950.13
25. SUBTOTAL (add Line 23 and Line 24).....	26950.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20716.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6233.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Vadim Baram		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2011	
Mailing Address 12 Tristan Terrace		Transaction ID : SA11AI.4229	
City St. Charles	State MO	Zip Code 63303	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer self employed	Occupation physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Mark Kormos		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2011	
Mailing Address 2660 Cast Off Loop		Transaction ID : SA11AI.4239	
City Woodbridge	State VA	Zip Code 22191	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer DOD GS	Occupation teacher		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Crawford Moss		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011	
Mailing Address 3 Ryan Circle		Transaction ID : SA11AI.4231	
City Lebanan	State IL	Zip Code 62254	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 260.00	
Name of Employer retired	Occupation retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00		

SUBTOTAL of Receipts This Page (optional).....	1510.00
TOTAL This Period (last page this line number only).....	1510.00

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

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

FOR LINE NUMBER: PAGE 6 OF 24
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

A. Full Name (Last, First, Middle Initial)
Theresa Kormos

Mailing Address 1204 Shadow Ridge Crossing

City O'Fallon State IL Zip Code 62269

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

Name of Employer Sky and Ziaee Mds Occupation nurse

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 25150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2011

Transaction ID : SA13A.4235

Amount of Each Receipt this Period
 25000.00
 campaign loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

25000.00

25000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 493.81 Transaction ID : SB17.4179
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement printing services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 485.13 Transaction ID : SB17.4181
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement printing services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 857.79 Transaction ID : SB17.4182
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement printing services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1836.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 4,500.00 Transaction ID : SB17.4183
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement printing services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 248.99 Transaction ID : SB17.4118
City St. Louis State MO Zip Code 63179	Purpose of Disbursement installation and monthly charges	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 149.99 Transaction ID : SB17.4169
City St. Louis State MO Zip Code 63179	Purpose of Disbursement monthly service charge	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	448.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 147.42 Transaction ID : SB17.4184
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement monthly service charges	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dierbergs		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 4000 Green Mount Crossing		Amount of Each Disbursement this Period 334.85 Transaction ID : SB17.4131
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement headquarter open house food	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Enterprise Rent a Car		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2011
Mailing Address 909 W US Hwy 50		Amount of Each Disbursement this Period 195.93 Transaction ID : SB17.4153
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement rental car	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	678.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Enterprise Rent a Car			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011		
Mailing Address 909 W US Hwy 50			Amount of Each Disbursement this Period 81.93		
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4165		
Purpose of Disbursement rental car		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Home Depot			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2011		
Mailing Address 1706 W US Hwy 50			Amount of Each Disbursement this Period 13.85		
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4158		
Purpose of Disbursement parade supplies		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Home Depot			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2011		
Mailing Address 1706 W US Hwy 50			Amount of Each Disbursement this Period 26.88		
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4164		
Purpose of Disbursement office supplies		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	122.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Illinois Dept. of Financial and Professional Registration			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 320 W. Washington St.			Amount of Each Disbursement this Period 503.23 Transaction ID : SB17.4170
City Springfield	State IL	Zip Code 62786	
Purpose of Disbursement database purchase		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. Lowe's			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2011
Mailing Address 6211 N. Illinois			Amount of Each Disbursement this Period 408.70 Transaction ID : SB17.4116
City Fairview Heights	State IL	Zip Code 66208	
Purpose of Disbursement office supplies		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C. Lowe's			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 6211 N. Illinois			Amount of Each Disbursement this Period 35.67 Transaction ID : SB17.4137
City Fairview Heights	State IL	Zip Code 66208	
Purpose of Disbursement office supplies		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	947.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 6211 N. Illinois		Amount of Each Disbursement this Period 21.33
City Fairview Heights	State IL	
Zip Code 66208	Purpose of Disbursement office supplies	Transaction ID : SB17.4145
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 6211 N. Illinois		Amount of Each Disbursement this Period 12.81
City Fairview Heights	State IL	
Zip Code 66208	Purpose of Disbursement parade supplies	Transaction ID : SB17.4163
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ned's Properties		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 2025.00
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement security deposit and rent	Transaction ID : SB17.4102
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2059.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Ned's Properties		Date of Disbursement
Mailing Address 1206 Woodgate Dr.		M M / D D / Y Y Y Y 11 / 30 / 2011
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement rent	Amount of Each Disbursement this Period 1025.00	
Candidate Name	Transaction ID : SB17.4160	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Ned's Properties		Date of Disbursement
Mailing Address 1206 Woodgate Dr.		M M / D D / Y Y Y Y 12 / 27 / 2011
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement rent	Amount of Each Disbursement this Period 1025.00	
Candidate Name	Transaction ID : SB17.4186	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Office Max		Date of Disbursement
Mailing Address 6525 N. Illinois St		M M / D D / Y Y Y Y 11 / 04 / 2011
City Fairview Heights	State IL	Zip Code 62208
Purpose of Disbursement office supplies	Amount of Each Disbursement this Period 544.08	
Candidate Name	Transaction ID : SB17.4104	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2594.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2011
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 34.49
City Fairview Heights	State IL	
Zip Code 62208	Purpose of Disbursement office supplies	Transaction ID : SB17.4111
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jodie Osinga		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 88.45
City Carterville	State IL	
Zip Code 62918	Purpose of Disbursement salary	Transaction ID : SB17.4207
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jodie Osinga		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 22.49
City Carterville	State IL	
Zip Code 62918	Purpose of Disbursement salary taxes	Transaction ID : SB17.4208
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	145.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jodie Osinga			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011	
Mailing Address 805 S. Division #4			Amount of Each Disbursement this Period 73.71	
City Carterville	State IL	Zip Code 62918	Transaction ID : SB17.4490	
Purpose of Disbursement salary		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PC Surgeons			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011	
Mailing Address 1724 North Lindbergh			Amount of Each Disbursement this Period 270.00	
City St. Louis	State MO	Zip Code 63132	Transaction ID : SB17.4122	
Purpose of Disbursement computers		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. PC Surgeons			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011	
Mailing Address 1724 North Lindbergh			Amount of Each Disbursement this Period 270.00	
City St. Louis	State MO	Zip Code 63132	Transaction ID : SB17.4138	
Purpose of Disbursement computers		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	613.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 388.19 Transaction ID : SB17.4191
City Carlenville	State IL	
Purpose of Disbursement reimbursement for expenses	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.39 Transaction ID : SB17.4195
City Carlenville	State IL	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 271.93 Transaction ID : SB17.4197
City Carlenville	State IL	
Purpose of Disbursement payroll taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1341.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 175.11 Transaction ID : SB17.4203
City Carlenville	State IL	
Purpose of Disbursement expenses reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.39 Transaction ID : SB17.4205
City Carlenville	State IL	
Purpose of Disbursement salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 299.06 Transaction ID : SB17.4206
City Carlenville	State IL	
Purpose of Disbursement salary taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1155.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 249.50 Transaction ID : SB17.4209
City Carlinville	State IL	
Purpose of Disbursement expenses reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.39 Transaction ID : SB17.4211
City Carlinville	State IL	
Purpose of Disbursement salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 317.79 Transaction ID : SB17.4212
City Carlinville	State IL	
Purpose of Disbursement salary taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1248.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 245.79
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement expenses reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.40
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 299.04
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement salary taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1226.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 195.46 Transaction ID : SB17.4218
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement expense reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2011
Mailing Address Hwy 50		Amount of Each Disbursement this Period 56.80 Transaction ID : SB17.4173
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Suburban Extended Stay		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 148 Regency Park		Amount of Each Disbursement this Period 960.00 Transaction ID : SB17.4189
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1212.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Tamarack Woods Apartments		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 235.00 Transaction ID : SB17.4146
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Tamarack Woods Apartments		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1093.73 Transaction ID : SB17.4159
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Tamarack Woods Apartments		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1028.00 Transaction ID : SB17.4187
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2356.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Target		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2011
Mailing Address 3400 Green Mount Crossing		Amount of Each Disbursement this Period 51.38
City Shiloh	State IL	
Zip Code 66269	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. Target		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 3400 Green Mount Crossing		Amount of Each Disbursement this Period 48.28
City Shiloh	State IL	
Zip Code 66269	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 489.37
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	589.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2011
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 88.22
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement office supplies Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4115
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 121.39
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement office supplies Category/Type	
Candidate Name CITIZENS FOR THERESA KORMOS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4148
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 12	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	209.61
TOTAL This Period (last page this line number only).....	18786.14

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR THERESA KORMOS** Transaction ID : **SC/10.4235**

LOAN SOURCE Full Name (Last, First, Middle Initial) Theresa Kormos	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1204 Shadow Ridge Crossing		

City	State	ZIP Code
O'Fallon	IL	62269

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M 11 / D 03 / Y 2011	M / D / Y 02/01/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	25000.00
TOTALS This Period (last page in this line only).....	▶	25000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		