

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Illinois State Rifle Assn Fed Pac

Report Covering the Period: From:

11 / 25 / 2014

To:

12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>		<u>3,540.88</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>2,786.38</u>	
(c) Total Receipts (from Line 19).....	<u>25.00</u>	<u>25.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>2,811.38</u>	<u>3,565.88</u>
7. Total Disbursements (from Line 31).....	<u>1,428.1</u>	<u>8,973.1</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>2,668.57</u>	<u>2,668.57</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	

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)

Page 3

Write or Type Committee Name

Illinois State Rifle Assn FEDPAC

Report Covering the Period: From:

11 / 25 / 2014

To:

12 / 31 / 2014

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).....

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii))..... ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)..... ▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)..... ▶

25.00

25.00

25.00

25.00

25.00

25.00

25.00

25.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)..... <i>advertising</i>	14281	89731
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds.....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14281	89731
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14281	89731

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)	25.00	25.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25.00	25.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	754.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	754.50

100044 - 00001 - 100001

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois State Rifle Assn. FED PAC	FEC IDENTIFICATION NUMBER C00463026
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$ 10.²⁰
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 17
Name of Federal Candidate Supported or Opposed by Expenditure: Bobby Schilling		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$ 10.²⁰
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: Aaron Schock		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	\$20.⁴⁰
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20.⁴⁰

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *Michaela Peen* Date: **12/10/2014**

11/10/14 11:00 AM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois State Rifle Assn. FEDPAC	FEC IDENTIFICATION NUMBER C00463026
Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$ 10.20
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 15
Name of Federal Candidate Supported or Opposed by Expenditure: John Shimkus		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$ 10.20
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: Adam Kinzinger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 20.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	\$ 20.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Michael A. Keen* Date **12/10/2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois State Rifle Assn. FED PAC		FEC IDENTIFICATION NUMBER 000463026
Check if <input type="checkbox"/> 24-hour notice	<input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$10.20
City State Zip Code	


Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: Rodney Davis		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$10.20
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 14
Name of Federal Candidate Supported or Opposed by Expenditure: Randy Hultgren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 20.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature:  Date: **12/10/2014**

11/10/14 10:40 AM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois State Rifle Assn. FEDPAL	FEC IDENTIFICATION NUMBER C00463026
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$10.²⁰
City State Zip Code	


Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 11
Name of Federal Candidate Supported or Opposed by Expenditure: Darlene Senger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$10.²⁰
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 12
Name of Federal Candidate Supported or Opposed by Expenditure: Mike Bost		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	\$20.⁴⁰
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20.⁴⁰

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature:  Date: **12/10/2014**

10044 0011 10011

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Illinois State Rifle Assn. FED PAC		FEC IDENTIFICATION NUMBER C00463026
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee		Date 10/20/2014
Mailing Address		Amount ^{\$} 10.²⁰
City	State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <input type="checkbox"/> Senate District: 8 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Larry Kaifesh		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date 10/20/2014
Mailing Address		Amount ^{\$} 10.²⁰
City	State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Robert Dald		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 20.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	\$ 20.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *[Handwritten Signature]* Date **12/10/2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois State Rifle Assn. FEDPAC		FEC IDENTIFICATION NUMBER C 00463026
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$ 10.²⁰/₁₀₀
City State Zip Code	


Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: 5
Name of Federal Candidate Supported or Opposed by Expenditure: Vince Kolber		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date 10/20/2014
Mailing Address	Amount \$ 10.²¹/₁₀₀
City State Zip Code	

Purpose of Expenditure MEMO	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Peter Roskam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 20.41
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	\$ 20.41

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

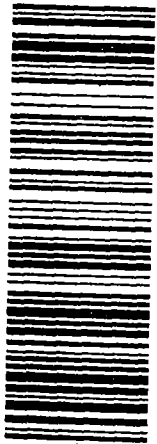
Signature:  Date: **12/10/2014**

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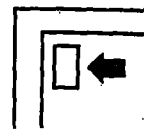
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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ASD
 PREPARER
 (8/2013)

1/7/15
 DATE PREPARED

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