

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Illinois Political Active Letter Carriers

ADDRESS (number and street)

P.O. Box 7008

Check if different  
than previously  
reported. (ACC)

Rock Island

IL

61204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00264689

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 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)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

08

01

2023

08

31

2023

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

Kelly, Ed, , ,

Signature of Treasurer

Kelly, Ed, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

09

06

2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Illinois Political Active Letter Carriers

Report Covering the Period:

From:

MM / DD / YYYY  
08 / 01 / 2023

To:

MM / DD / YYYY  
08 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		69811.79
(b) Cash on Hand at Beginning of Reporting Period.....	85214.41	
(c) Total Receipts (from Line 19) .....	1401.75	82539.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	86616.16	152351.04
7. Total Disbursements (from Line 31) .....	11857.64	77592.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	74758.52	74758.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Illinois Political Active Letter Carriers

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	3

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).....	876.75	62550.88
(ii) Unitemized .....	525.00	19933.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1401.75	82484.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1401.75	82484.25
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	55.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1401.75	82539.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1401.75	82539.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	57.64	26844.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	57.64	26844.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	11800.00	45747.88
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11857.64	77592.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11857.64	77592.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	1401.75	82484.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1401.75	82484.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	57.64	26844.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	57.64	26844.64

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 13  
(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)

Illinois Political Active Letter Carriers

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ansley-Treonis, Collette, , ,**

Mailing Address 6 N. 634 Sycamore

City  
St. CharlesState  
ILZip Code  
60174FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.90

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11AI.25056

Amount of Each Receipt this Period

5.75

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Colegrove, David, , ,**Mailing Address 270 S. Enhglish  
61City  
BraidwoodState  
ILZip Code  
60408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1860.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2023

Transaction ID : SA11AI.25013

Amount of Each Receipt this Period

100.00

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Colegrove, David, , ,**Mailing Address 270 S. Enhglish  
61City  
BraidwoodState  
ILZip Code  
60408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 11 / 2023

Transaction ID : SA11AI.25014

Amount of Each Receipt this Period

100.00

☐ Memo Item

Individual Contribution

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

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

205.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Colegrove, David, , ,**Mailing Address 270 S. English  
61City  
BraidwoodState  
ILZip Code  
60408FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2060.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11AI.25054

Amount of Each Receipt this Period

100.00

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dowdle, Mark, , ,**

Mailing Address 20736 Canterbury Dr

City  
ShorewoodState  
ILZip Code  
60436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USPSOccupation (for Individual)  
Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11AI.25061

Amount of Each Receipt this Period

75.00

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Farrell, Barbara, R, ,**

Mailing Address 1462 Moluf St.

City  
DeKalbState  
ILZip Code  
60115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11AI.25060

Amount of Each Receipt this Period

20.00

☐ Memo Item

Individual Contribution

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

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

195.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hahn, William, , ,**

Mailing Address W7774 Dakota Ln.

City  
WestfieldState  
WIZip Code  
53964FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11AI.25065

Amount of Each Receipt this Period

50.00

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kern, Michael, , ,**

Mailing Address 8224 Neva

City  
NilesState  
ILZip Code  
60714FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USPS

Occupation (for Individual)

Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2023

Transaction ID : SA11AI.25068

Amount of Each Receipt this Period

25.00

☐ Memo Item

Individual Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mullen, Joseph, , ,**

Mailing Address 443 Thomas ave.

City  
Forest ParkState  
ILZip Code  
60130FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USPS

Occupation (for Individual)

Letter Carrier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2023

Transaction ID : SA11AI.25017

Amount of Each Receipt this Period

21.00

☐ Memo Item

Individual Contribution

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

96.00



# **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 13  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Illinois Political Active Letter Carriers**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. NALC, Branch 825**

Mailing Address 600 Enterprise Dr.  
Suite 104

City  
Oak Brook

State  
IL

Zip Code  
60523-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2755.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2023

Transaction ID : SA11AI.25055

Amount of Each Receipt this Period

380.00

☐ Memo Item

Picnic Group Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

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

380.00

876.75

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name (Last, First, Middle Initial)

**A. Chicago Federation of Labor**Mailing Address 130 East Randolph St.  
Suite 2600City  
ChicagoState  
ILZip Code  
60601

Purpose of Disbursement

CFL Union Labor Day Sponsorship

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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB29.25051

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Frerichs**

Mailing Address 45 Greencroft Drive

City  
ChampaignState  
ILZip Code  
61821

Purpose of Disbursement

State Fair Fundraiser for Frerichs

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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB29.25049

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Juliana Stratton**Mailing Address 4850 N. Broadway St.  
POB 409373City  
ChicagoState  
ILZip Code  
60640

Purpose of Disbursement

Pre-Governor's day Event supporting Juliana Stratton

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:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB29.25041

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name (Last, First, Middle Initial)

**A. Friends of Justice Linda Davenport**

Mailing Address POB 5115

City  
WheatonState  
ILZip Code  
60189

Purpose of Disbursement

Campaign Kickoff Fundraiser

Candidate Name

Category/  
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.25023

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Larry Walsh Jr.**

Mailing Address P.O. Box 69

City  
ElwoodState  
ILZip Code  
60421

Purpose of Disbursement

Reception for Ill. State Rep. Larry Walsh

Candidate Name

Category/  
Type

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: IL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.25037

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Natalie Manley**

Mailing Address 1927 Timber Edge Circle

City  
JolietState  
ILZip Code  
60431

Purpose of Disbursement

State Fair Reception Fundraiser

Candidate Name

Category/  
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.25050

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2250.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name (Last, First, Middle Initial)

**A. Friends Of Sue Scherer**

Mailing Address POB 3464

City  
DecaturState  
ILZip Code  
62524

Purpose of Disbursement

A Birthday Fundraiser

Candidate Name

Category/  
Type

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: IL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2023

FEC Identification Number

C

Transaction ID : SB29.25044

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Illinois Nevada 2023 Fund**

Mailing Address POB 1949

City  
SpringfieldState  
ILZip Code  
62705

Purpose of Disbursement

Joint Fudraising reception at Ill. State Fair

Candidate Name

Category/  
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2023

FEC Identification Number

C C00846691

Transaction ID : SB29.25048

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ISDF**

Mailing Address 6939 W. North Ave

City  
Oak ParkState  
ILZip Code  
60302

Purpose of Disbursement

Reception For Ill. senate President Don Harmon and Senate Dem. Caucus

Candidate Name

Category/  
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2023

FEC Identification Number

C

Transaction ID : SB29.25036

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

Full Name (Last, First, Middle Initial)

**A. Rock Island County Democratic Central Committee**

Mailing Address P.O. Box 3128

City  
Rock IslandState  
ILZip Code  
61204

Purpose of Disbursement

Salute to Labor Picnic

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB29.25024

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

300.00

11800.00