

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ILLINOIS VICTORY

ADDRESS (number and street) 709 NORTH AVENUE
 Check if different than previously reported. (ACC)
WAUKEGAN IL 60085

2. **FEC IDENTIFICATION NUMBER** C00448795
3. IS THIS REPORT NEW (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 Quarterly 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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 Peter Couval

Signature of Treasurer Electronically Filed by Peter Couval Date 01 31 2011

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ILLINOIS VICTORY

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		33418.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	239159.14									
(c) Total Receipts (from Line 19)	412529.47	1549956.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	651688.61	1583374.58								
7. Total Disbursements (from Line 31)	319458.67	1251144.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	332229.94	332229.94								
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)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
ILLINOIS VICTORY

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	33500.00	260550.00
(ii) Unitemized	4839.20	4889.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	38339.20	265439.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6193.97	123898.32
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44533.17	389337.52
12. Transfers From Affiliated/Other Party Committees	366480.00	1149750.25
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)	0.30	9352.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1516.00	1516.00
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 Transfer (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))	412529.47	1549956.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	412529.47	1549956.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	300279.28	986427.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	300279.28	986427.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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	19179.39	262717.06
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	19179.39	262717.06
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	319458.67	1251144.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	319458.67	1251144.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	44533.17	389337.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44533.17	389337.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	300279.28	986427.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.30	9352.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	300278.98	977074.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
Michael Alter

Mailing Address 320 White Oak Lane

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
The Alter Group Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.8879

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Gary Bewick

Mailing Address 10200 120th Ave

City State Zip Code
Bloomer WI 54724

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

Name of Employer Occupation
None Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.8941

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Gerald Biller

Mailing Address 401 N Wabash

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
retired retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.8869

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Richard Biller	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 28 Edgewood Ct	Transaction ID: SA11AI.8876
	City State Zip Code Deerfield IL 60015	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3400.00	

B.	Full Name (Last, First, Middle Initial) Robert Bond	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 500 Greenleaf	Transaction ID: SA11AI.8863
	City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation real estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) David Brown	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 191 N. Waker Drive	Transaction ID: SA11AI.8866
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Much Shelist	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
Kieran Conlon

Mailing Address 1921 N Dayton St

City Chicago State IL Zip Code 60614

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

Name of Employer CONLON & CO Occupation real estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10500.00

Date of Receipt 11 / 23 / 2010

Transaction ID: SA11AI.8875

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Steven Dry

Mailing Address 1801 Southland Ave.

City CHICAGO State IL Zip Code 60603

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

Name of Employer Dry Enterprises Occupation Importer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 8750.00

Date of Receipt 11 / 23 / 2010

Transaction ID: SA11AI.8881

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Michael Forde

Mailing Address 756 N Larrabee

City Chicago State IL Zip Code 60610

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

Name of Employer Mayor Brown and Platt Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2010

Transaction ID: SA11AI.8873

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
Fred Foster

Mailing Address 538 Linden Ct

City State Zip Code
Verona WI 53593

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

Name of Employer
Electronic Theatre Contr-
ols

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11AI.8943

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mark Kaufman

Mailing Address 3615 Adams Rd

City State Zip Code
Oak Brook IL 60523

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

Name of Employer
ATHLETICO LTD

Occupation
CLINICAL DIR./COORD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2010

Transaction ID: SA11AI.8861

Amount of Each Receipt this Period
10000.00

C.

Full Name (Last, First, Middle Initial)
Barbara Manilow

Mailing Address 1943 N Cleveland Ave

City State Zip Code
Chicago IL 60014

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

Name of Employer
Self

Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2010

Transaction ID: SA11AI.8877

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **16000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 43	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) David Ornesher		Date of Receipt																					
	Mailing Address 1139 W Farwell Ave		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	3	/	2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.8871																				
	Chicago	IL	60026	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<input type="text" value="4000.00"/>																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="4000.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="33500.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
Bill Foster for Congress

Mailing Address PO Box 703

City State Zip Code
Geneva IL 60134

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6503.17

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11C.8946

Amount of Each Receipt this Period
2004.00

Transfer from candidate committee

B.

Full Name (Last, First, Middle Initial)
HALVORSON FOR CONGRESS

Mailing Address PO Box 176

City State Zip Code
Crete IL 60417

FEC ID number of contributing federal political committee. **C** C00440016

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
42509.08

Date of Receipt
MM / DD / YYYY
11 / 25 / 2010

Transaction ID: SA11C.8892

Amount of Each Receipt this Period
932.47

Transfer from candidate committee

C.

Full Name (Last, First, Middle Initial)
Levin for Congress

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: SA11C.8939

Amount of Each Receipt this Period
2500.00

Transfer from candidate committee

SUBTOTAL of Receipts This Page (optional) ► **5436.47**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial) Senate Democratic Victory Fund		Date of Receipt	
Mailing Address 29 S LaSalle St Suite 936		M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 1 0	
City Chicago	State IL	Zip Code 60603	Transaction ID: SA11C.8937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 757.50	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8002.50		

SUBTOTAL of Receipts This Page (optional)	757.50
TOTAL This Period (last page this line number only)	6193.97

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
848712.57

Date of Receipt
MM / DD / YYYY
11 / 24 / 2010

Transaction ID: SA12.8884

Amount of Each Receipt this Period
137090.00

Transfer from affiliate

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
985802.57

Date of Receipt
MM / DD / YYYY
11 / 25 / 2010

Transaction ID: SA12.8888

Amount of Each Receipt this Period
137090.00

Transfer from affiliate

C. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
990802.57

Date of Receipt
MM / DD / YYYY
11 / 25 / 2010

Transaction ID: SA12.8891

Amount of Each Receipt this Period
5000.00

Transfer from affiliate

SUBTOTAL of Receipts This Page (optional) ► **279180.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial) Democratic National Committee		Date of Receipt
Mailing Address 430 South Capitol Street, SE		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID: SA12.8935
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2300.00"/>
Name of Employer	Occupation	Transfer from affiliate
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="11415.00"/>	

B.

Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee		Date of Receipt
Mailing Address 430 S. Capitol st		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID: SA12.8882
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="85000.00"/>
Name of Employer	Occupation	Transfer from Affiliate
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="170000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="87300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="366480.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Selective Insurance Company		Date of Receipt
	Mailing Address 7401 Beaufont Springs Drive, Suite		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Richmond	VA	23225
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.8934
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="1516.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1516.00"/>	return of insurance premi- um
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1516.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1516.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 43

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Campaign Finance Officers, LLC	Transaction ID: SB21B.8839 Date of Disbursement
	Mailing Address 102 Waterman Street, Suite 2	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraising compliance consulting	<input type="text" value="5285.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Campaign Finance Officers, LLC	Transaction ID: SB21B.8855 Date of Disbursement
	Mailing Address 102 Waterman Street, Suite 2	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraising consulting services	<input type="text" value="5272.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Campaign Finance Officers, LLC	Transaction ID: SB21B.8910 Date of Disbursement
	Mailing Address 102 Waterman Street, Suite 2	<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Providence State RI Zip Code 02906	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising compliance consulting	<input type="text" value="3970.83"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="14528.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 43

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Commonwealth Edison	Transaction ID: SB21B.8918 Date of Disbursement
	Mailing Address P.O. Box 805379	<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60680	Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities	<input type="text" value="991.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cricket Communications	Transaction ID: SB21B.8925 Date of Disbursement
	Mailing Address P.O. Box 650755	<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	Purpose of Disbursement Mobile Phones	<input type="text" value="4548.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Deluxe Business Systems	Transaction ID: SB21B.8801 Date of Disbursement
	Mailing Address	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="615.01"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6154.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Dunkin Donuts	Transaction ID: SB21B.8832
	Mailing Address 334 Collins St	Date of Disbursement 11 / 23 / 2010
	City Joliet State IL Zip Code 60432	Amount of Each Disbursement this Period 88.81
	Purpose of Disbursement staff meals	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dunkin Donuts	Transaction ID: SB21B.8840
	Mailing Address 334 Collins St	Date of Disbursement 11 / 24 / 2010
	City Joliet State IL Zip Code 60432	Amount of Each Disbursement this Period 162.85
	Purpose of Disbursement Staff meals	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dunkin Donuts	Transaction ID: SB21B.8849
	Mailing Address 334 Collins St	Date of Disbursement 11 / 24 / 2010
	City Joliet State IL Zip Code 60432	Amount of Each Disbursement this Period 162.85
	Purpose of Disbursement staff meals	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	414.51
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address 334 Collins St City Joliet State IL Zip Code 60432 Purpose of Disbursement staff meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8850 Date of Disbursement 11 / 24 / 2010	Amount of Each Disbursement this Period 11.02
B.	Full Name (Last, First, Middle Initial) Field EDay Operation Mailing Address 709 NORTH AVENUE City WAUKEGAN State IL Zip Code 60085 Purpose of Disbursement Election day canvassing for PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8893 Date of Disbursement 11 / 25 / 2010	Amount of Each Disbursement this Period 17500.00
C.	Full Name (Last, First, Middle Initial) Frontier Online Mailing Address 180 S. Clinton Avenue City Rochester State NY Zip Code 14646 Purpose of Disbursement Web expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8808 Date of Disbursement 11 / 23 / 2010	Amount of Each Disbursement this Period 542.70

SUBTOTAL of Disbursements This Page (optional) ▶

18053.72

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Stefanie J. Glavtcheff	Transaction ID: SB21B.8828 Date of Disbursement 11 / 23 / 2010
	Mailing Address	Amount of Each Disbursement this Period 40.01
	City Bensenville State IL Zip Code 60106	
	Purpose of Disbursement travel reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Grundy County Democratic Central Committee	Transaction ID: SB21B.8924 Date of Disbursement 12 / 01 / 2010
	Mailing Address PO Box 602	Amount of Each Disbursement this Period 500.00
	City Morris State IL Zip Code 60450	
	Purpose of Disbursement Office Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hansen Associates	Transaction ID: SB21B.8811 Date of Disbursement 11 / 23 / 2010
	Mailing Address 888 E Belvidere Rd	Amount of Each Disbursement this Period 173.96
	City Grayslake State IL Zip Code 60030	
	Purpose of Disbursement Office Equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	713.97
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Hansen Associates Mailing Address 888 E Belvidere Rd City Grayslake State IL Zip Code 60030 Purpose of Disbursement Office equipment/supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8917 Date of Disbursement 12 / 29 / 2010 Amount of Each Disbursement this Period 23.33
B.	Full Name (Last, First, Middle Initial) Illinois Department of Revenue Mailing Address 100 West Randolph Street City Chicago State IL Zip Code 60601 Purpose of Disbursement payroll tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8857 Date of Disbursement 11 / 25 / 2010 Amount of Each Disbursement this Period 2470.57
C.	Full Name (Last, First, Middle Initial) Illinois Department of Revenue Mailing Address 100 West Randolph Street City Chicago State IL Zip Code 60601 Purpose of Disbursement Payroll tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8909 Date of Disbursement 12 / 09 / 2010 Amount of Each Disbursement this Period 1359.23

SUBTOTAL of Disbursements This Page (optional) ▶

3853.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8883 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 29728.86
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8911 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 14311.87
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City State Zip Code Baton Rouge LA 70826 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8809 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 118.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	44158.73
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City Baton Rouge State LA Zip Code 70826 <hr/> Purpose of Disbursement bank service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8848 Date of Disbursement 11 / 24 / 2010	Amount of Each Disbursement this Period 34.00
B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City Baton Rouge State LA Zip Code 70826 <hr/> Purpose of Disbursement Bank service charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8854 Date of Disbursement 11 / 24 / 2010	Amount of Each Disbursement this Period 34.00
C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City Baton Rouge State LA Zip Code 70826 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8837 Date of Disbursement 11 / 25 / 2010	Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional) ▶	88.00
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8838 Date of Disbursement 11 / 25 / 2010
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement bank service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8856 Date of Disbursement 11 / 25 / 2010
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8899 Date of Disbursement 11 / 30 / 2010
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 76.00
	Purpose of Disbursement bank service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	141.00
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement bank service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8900 Date of Disbursement 11 / 30 / 2010	Amount of Each Disbursement this Period 67.55
B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement Bank service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8919 Date of Disbursement 12 / 30 / 2010	Amount of Each Disbursement this Period 46.00
C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement bank service charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8920 Date of Disbursement 12 / 31 / 2010	Amount of Each Disbursement this Period 401.00

SUBTOTAL of Disbursements This Page (optional) ▶

514.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8921 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement bank service charges	<input type="text" value="275.46"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lake Cook Plaza LLC	Transaction ID: SB21B.8898 Date of Disbursement
	Mailing Address 555 Skokie Blvd	<input type="text" value="11"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Northbrook State IL Zip Code 60062	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent	<input type="text" value="8250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mid Central Projects	Transaction ID: SB21B.8807 Date of Disbursement
	Mailing Address PO Box 3619	<input type="text" value="11"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Joliet State IL Zip Code 60434	Amount of Each Disbursement this Period
	Purpose of Disbursement Office rent	<input type="text" value="1400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9925.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial) Rebecca Lee Moffett <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8829 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) New Partners Consulting <hr/> Mailing Address 401 9th St. NW, Suite 725 <hr/> City State Zip Code Washington DC 20004 <hr/> Purpose of Disbursement Campaign Strategy consulting for PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8885 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 148000.00
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) New Partners Consulting <hr/> Mailing Address 401 9th St. NW, Suite 725 <hr/> City State Zip Code Washington DC 20004 <hr/> Purpose of Disbursement Campaign Strategy consulting for PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8887 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 48089.21
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	196189.21
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

<p>A.</p> <p>Full Name (Last, First, Middle Initial) New Plan of Arlington Heights, LLC</p> <p>Mailing Address 13956 Collections Center Drive</p> <p>City Chicago State IL Zip Code 60693</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8810</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nikos Pizza</p> <p>Mailing Address 20 Ohio Street</p> <p>City Joliet State IL Zip Code 60432</p> <p>Purpose of Disbursement Staff meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8833</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 888.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Zenobia Ravji</p> <p>Mailing Address 1039 Beninford Ln</p> <p>City Westmont State IL Zip Code 60559</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8830</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 20.03</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2408.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Speedway Mobile	Transaction ID: SB21B.8852 Date of Disbursement
	Mailing Address 1621 West Jefferson Street	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Joliet State IL Zip Code 60435	Amount of Each Disbursement this Period
	Purpose of Disbursement Fuel	<input type="text" value="66.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Speedway Mobile	Transaction ID: SB21B.8853 Date of Disbursement
	Mailing Address 1621 West Jefferson Street	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Joliet State IL Zip Code 60435	Amount of Each Disbursement this Period
	Purpose of Disbursement Fuel	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Speedway Mobile	Transaction ID: SB21B.8835 Date of Disbursement
	Mailing Address 1621 West Jefferson Street	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Joliet State IL Zip Code 60435	Amount of Each Disbursement this Period
	Purpose of Disbursement Fuel	<input type="text" value="140.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="331.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Speedway Mobile</p> <p>Mailing Address 1621 West Jefferson Street</p> <p>City Joliet State IL Zip Code 60435</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8836</p> <p>Date of Disbursement 11 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 26.78</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Supermercado</p> <p>Mailing Address 379 East Cass Street</p> <p>City Joliet State IL Zip Code 60432</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8841</p> <p>Date of Disbursement 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 418.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Supermercado</p> <p>Mailing Address 379 East Cass Street</p> <p>City Joliet State IL Zip Code 60432</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8842</p> <p>Date of Disbursement 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 8.09</p>

SUBTOTAL of Disbursements This Page (optional)	453.02
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Supermercado	Transaction ID: SB21B.8843 Date of Disbursement 11 / 24 / 2010
	Mailing Address 379 East Cass Street	Amount of Each Disbursement this Period 20.00
	City Joliet State IL Zip Code 60432	
	Purpose of Disbursement office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Supermercado	Transaction ID: SB21B.8846 Date of Disbursement 11 / 24 / 2010
	Mailing Address 379 East Cass Street	Amount of Each Disbursement this Period 12.39
	City Joliet State IL Zip Code 60432	
	Purpose of Disbursement office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Supermercado	Transaction ID: SB21B.8851 Date of Disbursement 11 / 24 / 2010
	Mailing Address 379 East Cass Street	Amount of Each Disbursement this Period 3.44
	City Joliet State IL Zip Code 60432	
	Purpose of Disbursement office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	35.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Supermercado</p> <p>Mailing Address 379 East Cass Street</p> <p>City Joliet State IL Zip Code 60432</p> <p>Purpose of Disbursement Office expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8834</p> <p>Date of Disbursement 11 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 48.28</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Benjamin Young</p> <p>Mailing Address 107 E Jefferson St</p> <p>City Buckner State MO Zip Code 64016</p> <p>Purpose of Disbursement Travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8929</p> <p>Date of Disbursement 12 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 427.24</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Benjamin Young</p> <p>Mailing Address 107 E Jefferson St</p> <p>City Buckner State MO Zip Code 64016</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8930</p> <p>Date of Disbursement 12 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 427.24</p>

SUBTOTAL of Disbursements This Page (optional) ▶

902.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial) Benjamin Young <hr/> Mailing Address 107 E Jefferson St <hr/> City Buckner State MO Zip Code 64016 <hr/> Purpose of Disbursement travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8931 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 427.10
B. Full Name (Last, First, Middle Initial) Benjamin Young <hr/> Mailing Address 107 E Jefferson St <hr/> City Buckner State MO Zip Code 64016 <hr/> Purpose of Disbursement travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8932 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 427.24

SUBTOTAL of Disbursements This Page (optional) ►

854.34

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

299720.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Kofi Anaman	Transaction ID: SB30B.8903 Date of Disbursement 12 / 01 / 2010
	Mailing Address 304 Lafayette Street	Amount of Each Disbursement this Period 36.63
	City Joliet State IL Zip Code 60436	
	Purpose of Disbursement Mileage reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kate Catherall	Transaction ID: SB30B.8816 Date of Disbursement 11 / 23 / 2010
	Mailing Address 1216 Carriage Ln	Amount of Each Disbursement this Period 1375.00
	City La Grange State IL Zip Code 60525	
	Purpose of Disbursement Medical insurance benefit Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Devin Conroy	Transaction ID: SB30B.8818 Date of Disbursement 11 / 23 / 2010
	Mailing Address 3305 Fox Hunt Lane	Amount of Each Disbursement this Period 875.00
	City Saint Charles State IL Zip Code 60174	
	Purpose of Disbursement Medical insurance benefit Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2286.63
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Traci Johnson <hr/> Mailing Address 38W135 Adele Ln <hr/> City St. Charles State IL Zip Code 60175 <hr/> Purpose of Disbursement Medical insurance benefit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8908 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 550.00
B.	Full Name (Last, First, Middle Initial) Traci Johnson <hr/> Mailing Address 38W135 Adele Ln <hr/> City St. Charles State IL Zip Code 60175 <hr/> Purpose of Disbursement Bounced payroll from 10/18/10 - see re-issue Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8912 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period -1047.24
C.	Full Name (Last, First, Middle Initial) Traci Johnson <hr/> Mailing Address 38W135 Adele Ln <hr/> City St. Charles State IL Zip Code 60175 <hr/> Purpose of Disbursement Re-issue of payroll from 10/18/10 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8913 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1047.24

SUBTOTAL of Disbursements This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brian King</p> <p>Mailing Address 20679-2460 North Avenue</p> <p>City Ohio State IL Zip Code 61349</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8916</p> <p>Date of Disbursement 12 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 764.20</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Joseph S. Lee</p> <p>Mailing Address 1216 Carriage Ln</p> <p>City La Grange State IL Zip Code 60525</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8890</p> <p>Date of Disbursement 11 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3831.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joseph S. Lee</p> <p>Mailing Address 1216 Carriage Ln</p> <p>City La Grange State IL Zip Code 60525</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8915</p> <p>Date of Disbursement 12 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 596.91</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5192.11

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
Michael Lee

Transaction ID: SB30B.8827
Date of Disbursement

Mailing Address 445 E. North Water St. #804

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

City Chicago State IL Zip Code 60611

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Travel reimbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Josie Mace

Transaction ID: SB30B.8817
Date of Disbursement

Mailing Address 709 North Avenue

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

City Waukegan State IL Zip Code 60085

Amount of Each Disbursement this Period

1100.00

Purpose of Disbursement
Medical insurance benefit

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Timothy Nazanin

Transaction ID: SB30B.8820
Date of Disbursement

Mailing Address 1042 W Rosemont Ave

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

City Chicago State IL Zip Code 60660

Amount of Each Disbursement this Period

525.00

Purpose of Disbursement
Medical insurance benefit

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Michael Parr	Transaction ID: SB30B.8824 Date of Disbursement 11 / 23 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 525.00
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Medical insurance benefit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Peters	Transaction ID: SB30B.8815 Date of Disbursement 11 / 23 / 2010
	Mailing Address 1200 W. Monroe Avenue	Amount of Each Disbursement this Period 787.50
	City Chicago State IL Zip Code 60607	
	Purpose of Disbursement Medical insurance benefit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Pond	Transaction ID: SB30B.8821 Date of Disbursement 11 / 23 / 2010
	Mailing Address N Wabash Ave	Amount of Each Disbursement this Period 525.00
	City Chicago State IL Zip Code 60611	
	Purpose of Disbursement Medical insurance benefit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1837.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Zenobia Ravji Mailing Address 1039 Beninford Ln City Westmont State IL Zip Code 60559 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8901 Date of Disbursement 12 / 01 / 2010 Amount of Each Disbursement this Period 129.97
B.	Full Name (Last, First, Middle Initial) Max Renner Mailing Address 201 Fleetwood City Bloomington State IL Zip Code 61701 Purpose of Disbursement travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8826 Date of Disbursement 11 / 23 / 2010 Amount of Each Disbursement this Period 211.83
C.	Full Name (Last, First, Middle Initial) Max Renner Mailing Address 201 Fleetwood City Bloomington State IL Zip Code 61701 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8902 Date of Disbursement 12 / 01 / 2010 Amount of Each Disbursement this Period 129.97

SUBTOTAL of Disbursements This Page (optional) ▶	471.77
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Mejia Renzo	Transaction ID: SB30B.8825
	Mailing Address 500 Manda Lane	Date of Disbursement MM / DD / YYYY 11 / 23 / 2010
	City Wheeling State IL Zip Code 60090	Amount of Each Disbursement this Period 875.00
	Purpose of Disbursement Medical insurance benefit	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:	

B.	Full Name (Last, First, Middle Initial) Michael Reynertson	Transaction ID: SB30B.8822
	Mailing Address 43 W 191 Faireno	Date of Disbursement MM / DD / YYYY 11 / 23 / 2010
	City Elburn State IL Zip Code 60119	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement Medical insurance benefit	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:	

C.	Full Name (Last, First, Middle Initial) Nomeda Tautkute	Transaction ID: SB30B.8905
	Mailing Address 1312 Sugar Court;	Date of Disbursement MM / DD / YYYY 12 / 01 / 2010
	City Naperville State IL Zip Code 60563	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Mileage reimbursement	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)	1325.00
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Ramachandra Villvalam <hr/> Mailing Address 1319 Ada Lane <hr/> City Naperville State IL Zip Code 60540 <hr/> Purpose of Disbursement Medical insurance benefit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8812 Date of Disbursement 11 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 875.00
B.	Full Name (Last, First, Middle Initial) Neal Waltmire <hr/> Mailing Address 5202 Shorehill Dr; <hr/> City McHenry State IL Zip Code 60611 <hr/> Purpose of Disbursement mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8904 Date of Disbursement 12 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 126.64
C.	Full Name (Last, First, Middle Initial) Ty Williams <hr/> Mailing Address 608 Bayliss Drive <hr/> City Richmond State VA Zip Code 23235 <hr/> Purpose of Disbursement Medical insurance benefit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8813 Date of Disbursement 11 / 23 / 2010 <hr/> Amount of Each Disbursement this Period 350.00

SUBTOTAL of Disbursements This Page (optional) ▶	1351.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial) Benjamin Young <hr/> Mailing Address 107 E Jefferson St <hr/> City Buckner State MO Zip Code 64016 <hr/> Purpose of Disbursement Travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8928 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 427.24
B. Full Name (Last, First, Middle Initial) Benjamin Young <hr/> Mailing Address 107 E Jefferson St <hr/> City Buckner State MO Zip Code 64016 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8933 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1927.24

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

19079.39