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RECEIVED.
SECRETARY OF THE SEN
16 FEB -3 PM 12:11

January 29, 2016

BY FEDERAL EXPRESS

Secretary of the Senate
Senate Office of Public Records
232 Hart Building
Washington, D.C. 20510-7116

Re: Napoleon for Illinois
C00591453
FEC Form 3 Year End Report

Dear Madam Secretary:

Enclosed for filing with the Office of Public Records is FEC Form 3, Year End Report of Receipts and Disbursements, for Napoleon for Illinois, C00591453, the principal campaign committee of Napoleon Harris, a candidate for nomination for United States Senator for the State of Illinois.

Please acknowledge receipt of the Statement by signing and dating the enclosed copy of this letter and returning it to me in the self addressed postage paid envelope provided. Thank you for your assistance.

Sincerely,


Michael C. Dorf

Enclosure
Received the above mentioned FEC Form 3
Secretary of the Senate
Office of Public Records

By: _____
Date: _____

201602040200066513

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED.
SECRETARY OF THE SENATE
16 FEB -3 PM 2:10

PAGE 1 / 18

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

NAPOLEON FOR ILLINOIS

ADDRESS (number and street)

14633 GIVINES COURT



Check if different
than previously
reported. (ACC)

HARVEY

IL

60426

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00591453

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

IL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y

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

Nora E. Himmelman

Signature of Treasurer

[Signature]

Date

M M /

D D /

Y Y Y Y Y

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

FEC FORM 3
(Revised 02/2003)

FESAN018

201602040200066514

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

NAPOLEON FOR ILLINOIS

Report Covering the Period: From:

MM	DD	YYYY
10	09	2015

To:

MM	DD	YYYY
12	31	2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	100.00	100.00
(b) Total Contribution Refunds (from Line 20(d)) ...	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	100.00	100.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ...	49178.90	49178.90
(b) Total Offsets to Operating Expenditures (from Line 14) ...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	49178.90	49178.90
8. Cash on Hand at Close of Reporting Period (from Line 27) ...	1000921.10	
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) ...	1114417.68	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

NAPOLEON FOR ILLINOIS

Report Covering the Period:

From:

MM / DD / YYYY
10 / 09 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than
Political Committees
(i) Itemized (use Schedule A)...

0.00

0.00

- (ii) Unitemized.....

100.00

100.00

- (iii) TOTAL of contributions
from individuals ..

100.00

100.00

- (b) Political Party Committees...

0.00

0.00

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

0.00

0.00

- (d) The Candidate.....

0.00

0.00

- (e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

100.00

100.00

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES ...**

0.00

0.00

13. LOANS:

- (a) Made or Guaranteed by the
Candidate...

1050000.00

1050000.00

- (b) All Other Loans...

0.00

0.00

- (c) TOTAL LOANS

(add Lines 13(a) and (b))...

1050000.00

1050000.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)**

(Carry Total to Line 24, page 4)...

1050100.00

1050100.00

201602040200066516

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

49178.90

49178.90

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES ..

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate...

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))...

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees...

0.00

0.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))...

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

49178.90

49178.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

1050100.00

25. SUBTOTAL (add Line 23 and Line 24)...

1050100.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

49178.90

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)...

1000921.10

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 5 OF 18	
(check only one)			
☐ 11a	☐ 11b	☐ 11c	☒ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14
		☐ 15	

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

NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

NAPOLEON HARRIS

A.

Mailing Address **14633 GIVINES COURT**

City

HARVEY

State

IL

Zip Code

60426

FEC ID number of contributing
federal political committee.

C

S6IL00342

Name of Employer
STATE OF ILLINOIS

Occupation

STATE SENATOR

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : **SA11D.4121**

Amount of Each Receipt this Period

5000.00

In-kind - Testing the Waters - Legal Services - to be
reimbursed

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

NAPOLEON HARRIS

B.

Mailing Address **14633 GIVINES COURT**

City

HARVEY

State

IL

Zip Code

60426

FEC ID number of contributing
federal political committee.

C

S6IL00342

Name of Employer
STATE OF ILLINOIS

Occupation

STATE SENATOR

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : **SA11D.4125**

Amount of Each Receipt this Period

12000.00

In-kind - Testing the Waters - Polling - to be reimbursed

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

NAPOLEON HARRIS

C.

Mailing Address **14633 GIVINES COURT**

City

HARVEY

State

IL

Zip Code

60426

FEC ID number of contributing
federal political committee.

C

S6IL00342

Name of Employer
STATE OF ILLINOIS

Occupation

STATE SENATOR

Receipt For: 2016

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY
11 / 01 / 2015

Transaction ID : **SA11D.4129**

Amount of Each Receipt this Period

25000.00

In-kind - Testing the Waters - Petition Circulation
services

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 18

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)
NAPOLEON HARRIS

Mailing Address **14633 GIVINES COURT**

City State Zip Code
HARVEY IL 60426

FEC ID number of contributing federal political committee. **C S6IL00342**

Name of Employer Occupation
STATE OF ILLINOIS STATE SENATOR

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY
11 / 06 / 2015

Transaction ID : **SA11D.4127**

Amount of Each Receipt this Period

12000.00

In-kind - Testing the Waters - Polling- to be reimbursed

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
NAPOLEON HARRIS

Mailing Address **14633 GIVINES COURT**

City State Zip Code
HARVEY IL 60426

FEC ID number of contributing federal political committee. **C S6IL00342**

Name of Employer Occupation
STATE OF ILLINOIS STATE SENATOR

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : **SA11D.4123**

Amount of Each Receipt this Period

6000.00

In-kind - Testing the Waters - Viability Strategy - to be reimbursed

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
NAPOLEON HARRIS

Mailing Address **14633 GIVINES COURT**

City State Zip Code
HARVEY IL 60426

FEC ID number of contributing federal political committee. **C S6IL00342**

Name of Employer Occupation
STATE OF ILLINOIS STATE SENATOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : **SA11D.4131**

Amount of Each Receipt this Period

4417.68

In-kind - Postage-to be reimbursed

[MEMO ITEM]

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

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

0.00

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 7 OF 18	
(check only one)			
☐ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☒ 13a	☐ 13b	☐ 14
		☐ 15	

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NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)
NAPOLEON HARRIS

A. Mailing Address **14633 GIVINES COURT**

City State Zip Code
HARVEY IL 60426

FEC ID number of contributing federal political committee. **C S6IL00342**

Name of Employer Occupation
STATE OF ILLINOIS STATE SENATOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date
50000.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2015

Transaction ID : **SA13A.4105**

Amount of Each Receipt this Period
50000.00
Loan from Candidate's Personal Funds

Full Name (Last, First, Middle Initial)
NAPOLEON HARRIS

B. Mailing Address **14633 GIVINES COURT**

City State Zip Code
HARVEY IL 60426

FEC ID number of contributing federal political committee. **C S6IL00342**

Name of Employer Occupation
STATE OF ILLINOIS STATE SENATOR

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date
1050000.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2015

Transaction ID : **SA13A.4106**

Amount of Each Receipt this Period
1000000.00
Loan from Candidate's Personal Funds

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

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

1050000.00
1050000.00

201602040200066520

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. Adducci, Dorf, Lehner, Mitchell & Blankenship, PC

Mailing Address 150 N Michigan Ave
Suite 2130

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Testing the Waters - Legal Services

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4133

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Adducci, Dorf, Lehner, Mitchell & Blankenship, PC

Mailing Address 150 N Michigan Ave
Suite 2130

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Legal Fees

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2015

Amount of Each Disbursement this Period

10098.22

Transaction ID : SB17.4112

Full Name (Last, First, Middle Initial)

C. Big Tuna Marketing

Mailing Address 121 W. State Street

City Geneva State IL Zip Code 60134

Purpose of Disbursement
Printing

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4115

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

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

11098.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. Big Tuna Marketing

Mailing Address 121 W. State Street

City Geneva State IL Zip Code 60134

Purpose of Disbursement
Printing

006

Candidate Name
NAPOLEON FOR ILLINOIS

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Amount of Each Disbursement this Period

10050.00

Transaction ID : SB17.4118

Full Name (Last, First, Middle Initial)

B. Grainger Terry Inc.

Mailing Address 100 N. LaSalle St.
Suite 1616

City Chicago State IL Zip Code 60602

Purpose of Disbursement
Testing the Waters - Viability Strategy

001

Candidate Name
NAPOLEON FOR ILLINOIS

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.4134

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NAPOLEON HARRIS

Mailing Address 14633 GIVINES COURT

City HARVEY State IL Zip Code 60426

Purpose of Disbursement
In-kind - Testing the Waters - Legal Services - to be reimbursed

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4122

[MEMO ITEM]

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

10050.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. NAPOLEON HARRIS

Mailing Address 14633 GIVINES COURT

City State Zip Code
HARVEY IL 60426

Purpose of Disbursement
In-kind - Testing the Waters - Polling- to be reimbursed

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.4126

[MEMO ITEM]

B. NAPOLEON HARRIS

Mailing Address 14633 GIVINES COURT

City State Zip Code
HARVEY IL 60426

Purpose of Disbursement
In-kind - Testing the Waters - Petition Circulation services

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2015

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB17.4130

[MEMO ITEM]

C. NAPOLEON HARRIS

Mailing Address 14633 GIVINES COURT

City State Zip Code
HARVEY IL 60426

Purpose of Disbursement
In-kind - Testing the Waters - Polling- to be reimbursed

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.4128

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. NAPOLEON HARRIS

Mailing Address 14633 GIVINES COURT

City HARVEY State IL Zip Code 60426

Purpose of Disbursement
In-kind - Testing the Waters - Viability Strategy - to be reimbursed

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.4124

[MEMO ITEM]

B. NAPOLEON HARRIS

Mailing Address 14633 GIVINES COURT

City HARVEY State IL Zip Code 60426

Purpose of Disbursement
In-kind - Postage - to be reimbursed

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Amount of Each Disbursement this Period

4417.68

Transaction ID : SB17.4132

[MEMO ITEM]

C. Sean Howard

Mailing Address 1518 Broadway

City Blue Island State IL Zip Code 60406

Purpose of Disbursement
Communications consulting

Candidate Name

NAPOLEON FOR ILLINOIS

Office Sought: ☐ House ☒ Senate ☐ President

Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4116

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. Jones Consulting

Mailing Address 204 W. Hill

City State Zip Code
Chicago IL 60610

Purpose of Disbursement
Testing the Waters - Petition Circulation

001

Category/
Type

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2015

Amount of Each Disbursement this Period

25000.00

Transaction ID : SB17.4138

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Jones Consulting

Mailing Address 204 W. Hill

City State Zip Code
Chicago IL 60610

Purpose of Disbursement
Testing the Waters - Petition Circulation Services

001

Category/
Type

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2015

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.4110

Full Name (Last, First, Middle Initial)

c. Jones Consulting

Mailing Address 204 W. Hill

City State Zip Code
Chicago IL 60610

Purpose of Disbursement
Petition Challenge Defense

001

Category/
Type

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.4114

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

20000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. Jones Consulting

Mailing Address 204 W. Hill

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Petition challenge defense

001

Category/
Type

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4117

B. Jones Consulting

Mailing Address 204 W. Hill

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Petition Challenge Defense

001

Category/
Type

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Amount of Each Disbursement this Period

4200.00

Transaction ID : SB17.4119

c. McKeon & Associates

Mailing Address 653 Glenwood Ave

City Joliet State IL Zip Code 60435

Purpose of Disbursement
Testing the Waters - Polling

005

Category/
Type

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2015

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.4135

[MEMO ITEM]

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

6700.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
NAPOLEON FOR ILLINOIS

Full Name (Last, First, Middle Initial)

A. McKeon & Associates

Mailing Address 653 Glenwood Ave

City State Zip Code
Joliet IL 60435

Purpose of Disbursement
Testing the Waters - Polling

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2015

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.4136

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. POSTMASTER

Mailing Address

City State Zip Code
Chicago IL 60601

Purpose of Disbursement
Postage

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 30 / 2015

Amount of Each Disbursement this Period

330.68

Transaction ID : SB17.4120

Full Name (Last, First, Middle Initial)

C. POSTMASTER

Mailing Address

City State Zip Code
Chicago IL 60601

Purpose of Disbursement
Postage

Candidate Name
NAPOLEON FOR ILLINOIS

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2016 ☒ Primary ☐ General
☐ Other (specify)

State: IL District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Amount of Each Disbursement this Period

4417.68

Transaction ID : SB17.4139

[MEMO ITEM]

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

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

330.68

49178.90

201602040200066527

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 15 OF 18

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

Transaction ID : SC/10.4105

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAPOLEON HARRIS

[PERSONAL FUNDS]

Election: 2016

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

14633 GIVINES COURT

City

State

ZIP Code

HARVEY

IL

60426

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

MM / DD / YY
11 / 09 / 2015

Date Due

MM / DD / YY
On Demand

Interest Rate

1.59

% (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

50000.00

TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 16 OF 18

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

Transaction ID : SC/10.4106

LOAN SOURCE Full Name (Last, First, Middle Initial)

NAPOLEON HARRIS

[PERSONAL FUNDS]

Election: 2016

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

14633 GIVINES COURT

City

State

ZIP Code

HARVEY

IL

60426

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

M 12 M

D 30 D

Y 2015 Y

Date Due

M M

D D

On Demand

Interest Rate

1.68

Secured:

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

1000000.00

TOTALS This Period (last page in this line only) ...

1050000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAPOLEON HARRIS

Nature of Debt (Purpose):

Legal Services - to be reimbursed

Mailing Address 14633 GIVINES COURT

City State

HARVEY

Zip Code

IL

60426

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4140

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAPOLEON HARRIS

Nature of Debt (Purpose):

Polling - to be reimbursed

Mailing Address 14633 GIVINES COURT

City State

HARVEY

Zip Code

IL

60426

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4143

Amount Incurred This Period

12000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAPOLEON HARRIS

Nature of Debt (Purpose):

Petition Circulation - to be reimbursed

Mailing Address 14633 GIVINES COURT

City

HARVEY

State

IL

Zip Code

60426

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4145

Amount Incurred This Period

25000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

1) **SUBTOTALS** This Period This Page (optional) ...

42000.00

2) **TOTALS** This Period (last page this line number only) ...

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NAPOLEON FOR ILLINOIS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAPOLEON HARRIS

Nature of Debt (Purpose):

Polling - to be reimbursed

Mailing Address 14633 GIVINES COURT

City State

HARVEY

Zip Code

IL

60426

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4144

Amount Incurred This Period

12000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAPOLEON HARRIS

Nature of Debt (Purpose):

Viability Strategy - to be reimbursed

Mailing Address 14633 GIVINES COURT

City State

HARVEY

Zip Code

IL

60426

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4142

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NAPOLEON HARRIS

Nature of Debt (Purpose):

Postage - to be reimbursed

Mailing Address 14633 GIVINES COURT

City

HARVEY

State

IL

Zip Code

60426

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4146

Amount Incurred This Period

4417.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

4417.68

1) **SUBTOTALS** This Period This Page (optional) ...

22417.68

2) **TOTALS** This Period (last page this line number only) ...

64417.68

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

1050000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1114417.68

FEC Schedule D (Form 3) (Revised 02/2003)

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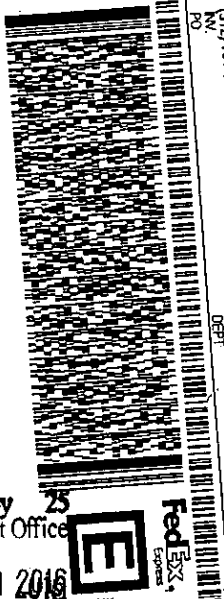
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CHICAGO IL 60601
UNITED STATES US

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United States Senate

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AIRBORNE EXPRESS	_____	☐

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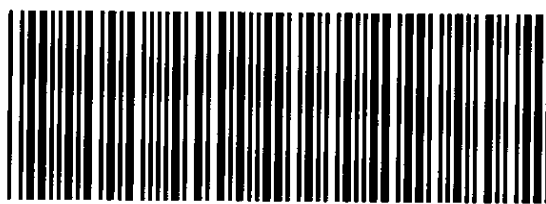
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2/28/2015

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