

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Illinois Tenth Congressional District Democrats

ADDRESS (number and street) 1345 Forest Avenue  
Check if different than previously reported. (ACC) High IL 60035

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00395889 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of IL

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 2014

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 Ivan H Golden

Signature of Treasurer Ivan H Golden [Electronically Filed] Date 01 / 28 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Illinois Tenth Congressional District Democrats**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="8751.97"/>	<input type="text" value="8751.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6023.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12716.64"/>	<input type="text" value="64715.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="18739.92"/>	<input type="text" value="73467.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12716.36"/>	<input type="text" value="67444.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6023.56"/>	<input type="text" value="6023.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="6000.00"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Illinois Tenth Congressional District Democrats**

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

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).....	8859.14	48272.64
(ii) Unitemized .....	3420.00	13263.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12279.14	61535.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	437.50	3012.50
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12716.64	64548.26
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	167.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12716.64	64715.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12716.64	64715.90

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8571.36	52369.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8571.36	52369.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1315.00	8270.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	2830.00	6805.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12716.36	67444.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12716.36	67444.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12716.64	64548.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12716.64	64548.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8571.36	52369.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8571.36	52369.31

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

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

FOR LINE NUMBER: PAGE 6 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. Barbara Adams**  
 Mailing Address 660 Creekside Cir  
 City State Zip Code  
 Gurnee IL 60031-2057  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2014  
**Transaction ID : VNJ3AD4B397**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Joseph S. Adler**  
 Mailing Address 3045 Centennial Ln  
 City State Zip Code  
 Highland Park IL 60035-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Angell Research Group, Inc. Research Consult  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 404.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : VNJ3AD98QN3**  
 Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**C. Fredric P. Andes**  
 Mailing Address 945 Creek Bend Dr  
 City State Zip Code  
 Vernon Hills IL 60061-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Barnes & Thornburg Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : VNJ3AD7RB93**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**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 7 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. Anne T. Arouca**

Mailing Address 935 Elmwood Ave

City State Zip Code  
 Wilmette IL 60091-1709

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

Name of Employer Occupation  
 TTX Company Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : VNJ3AD7RC05**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Lonni Berkley**

Mailing Address 1933 Burr Oak Ln

City State Zip Code  
 Highland Park IL 60035-4201

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

Name of Employer Occupation  
 The Law offices of Lonni E. Berkley Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : VNJ3AD9E4K4**

Amount of Each Receipt this Period  
 250.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Joan Berman**

Mailing Address 265 Beach Rd

City State Zip Code  
 Glencoe IL 60022-1317

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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : VNJ3AD98RW1**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. Nancy Chausow Shafer**  
 Mailing Address 608 Broadview Ave  
 City Highland Park State IL Zip Code 60035-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chausow Shafer PC Occupation Attorney  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**  
**Transaction ID : VNJ3AD98T95**  
 Amount of Each Receipt this Period  
**50.00**  
 \* In-Kind: Printing of manuals for attorney poll watchers

Full Name (Last, First, Middle Initial)  
**B. Charles Drueck**  
 Mailing Address 111 Yale Ct  
 City Glenview State IL Zip Code 60026-5916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 19 / 2014**  
**Transaction ID : VNJ3AD4CDA6**  
 Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Steven P. Gan**  
 Mailing Address 4528 Lindenwood Ln Ste 101B  
 City Northbrook State IL Zip Code 60062-1034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stellar Risk Management Services Occupation President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**  
**Transaction ID : VNJ3AD65AM6**  
 Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **625.00**  
**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 9 OF 32
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

**A. Terry Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5250 Grand Ave  
Ste 14  
City Gurnee State IL Zip Code 60031-1877  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Woodland School District 50 Board Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
10 / 17 / 2014  
**Transaction ID : VNJ3AD98QA6**  
Amount of Each Receipt this Period  
500.00

**B. Elliott D. Hartstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 908 Providence Ln  
City Buffalo Grove State IL Zip Code 60089-1280  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hartstein & Associates LLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
10 / 21 / 2014  
**Transaction ID : VNJ3AD98QS5**  
Amount of Each Receipt this Period  
250.00

**C. John Hmurovic**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1870 Warwick Ave  
City Whiting State IN Zip Code 46394-1463  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Writer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : VNJ3AD3SNT9**  
Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... **900.00**  
**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 OF 32
(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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. Mark Levy**

Mailing Address 1850 Ridgelee Rd

City	State	Zip Code
Highland Park	IL	60035-4349

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

Name of Employer	Occupation
Retired	Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : VNJ3AD4XJH4**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Robert McKenzie**

Mailing Address 1653 Geneva Dr

City	State	Zip Code
Wheeling	IL	60090-6745

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

Name of Employer	Occupation
ATI Holdings, LLC	Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : VNJ3AD7B1N5**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. No Data MERCHANDISE**

Mailing Address

City	State	Zip Code

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

Name of Employer	Occupation
Information Requested	Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.18

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : VNJ3AD98RZ5**

Amount of Each Receipt this Period  
71.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	571.00
<b>TOTAL</b> 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 11 OF 32  
(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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. Jill Meyer**

Mailing Address 512 Los Nidos Dr

City State Zip Code  
Santa Fe NM 87501-8356

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 ▼  
1960.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : VNJ3AD98SB8**

Amount of Each Receipt this Period  
960.50

Full Name (Last, First, Middle Initial)  
**B. Betty-Ann J. Moore**

Mailing Address 28328 N Ivy Ln

City State Zip Code  
Libertyville IL 60048-9760

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 ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2014  
**Transaction ID : VNJ3AD586X0**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Harry A. Pascal**

Mailing Address 1215 Spruce St

City State Zip Code  
Winnetka IL 60093-2147

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

Name of Employer Occupation  
self CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014  
**Transaction ID : VNJ3AD500E7**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1710.50

**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 OF 32  
(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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. No Data PASS THE HAT**

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**451.44**

Date of Receipt  
**10 / 17 / 2014**

**Transaction ID : VNJ3AD9BTVO**

Amount of Each Receipt this Period  
**5.00**

Full Name (Last, First, Middle Initial)  
**B. No Data PASS THE HAT**

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1003.44**

Date of Receipt  
**10 / 24 / 2014**

**Transaction ID : VNJ3AD98RX9**

Amount of Each Receipt this Period  
**552.00**

Full Name (Last, First, Middle Initial)  
**C. Daniel M. Pierce**

Mailing Address 906 Chaucer Ln

City State Zip Code  
Highland Park IL 60035-4036

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

Name of Employer Occupation  
Self Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**10 / 21 / 2014**

**Transaction ID : VNJ3AD98QT3**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1057.00**

**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 13 OF 32  
(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 Tenth Congressional District Democrats**

**A. Lisa Radin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1733 Heather Ln  
City Highland Park State IL Zip Code 60035-3717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt **10 / 20 / 2014**  
**Transaction ID : VNJ3AD4DZ52**  
Amount of Each Receipt this Period **150.00**

**B. Yumi Ross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 Central Ave  
City Highland Park State IL Zip Code 60035-2610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self, Ross Architecture Occupation Architect  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1775.00**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : VNJ3AD98R34**  
Amount of Each Receipt this Period **500.00**

**C. Susan Zingle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14880 W Yorkhouse Rd  
City Wadsworth State IL Zip Code 60083-9798  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Luking & Assocs. Occupation consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **960.64**

Date of Receipt **10 / 27 / 2014**  
**Transaction ID : VNJ3AD98T61**  
Amount of Each Receipt this Period **945.64**  
  
\* In-Kind: Supplies for Election Day attorneys - measuring devices

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1595.64</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>8859.14</b>

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

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

FOR LINE NUMBER: PAGE 14 OF 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)  
**A. Citizens for Jason Patt**

Mailing Address PO Box 1045

City State Zip Code  
 Waukegan IL 60079-1045

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **37.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : VNJ3AD98RG6**

Amount of Each Receipt this Period  
**37.50**

Full Name (Last, First, Middle Initial)  
**B. Citizens for Shepherdson**

Mailing Address 24444 W Middle Fork Rd

City State Zip Code  
 Barrington IL 60010-6502

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : VNJ3AD98R91**

Amount of Each Receipt this Period  
**75.00**

Full Name (Last, First, Middle Initial)  
**C. Citizens for Susan Garrett**

Mailing Address 1181 Melody Rd

City State Zip Code  
 Lake Forest IL 60045-1500

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : VNJ3AD98S36**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **362.50**

**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 15 OF 32  
(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 Tenth Congressional District Democrats**

**A.** Full Name (Last, First, Middle Initial)  
**Kilkelly for Lake County Clerk**

Mailing Address 2510 N Bonnie Brook Ln

City Waukegan	State IL	Zip Code 60087-2843
------------------	-------------	------------------------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : VNJ3AD9BTY3**

Amount of Each Receipt this Period  
75.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	437.50

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Joseph S. Adler**

Mailing Address 3045 Centennial Ln

City Highland Park State IL Zip Code 60035-1017

Purpose of Disbursement  
Reimbursement for room rental, award frames

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNH429TJ950**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joseph S. Adler**

Mailing Address 3045 Centennial Ln

City Highland Park State IL Zip Code 60035-1017

Purpose of Disbursement  
Reimbursement for Programs for Awards Dinner

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNH429TJ968**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Cardmember Services**

Mailing Address PO Box 15298

City Wilmington State DE Zip Code 19850-5298

Purpose of Disbursement  
Credit Card Payment

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNH429TGWY2**

Amount of Each Disbursement this Period

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

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 175 E Houston St

City San Antonio State TX Zip Code 78205-2255

Purpose of Disbursement  
payment for phone charges

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

Transaction ID : VNH429TGY26

Amount of Each Disbursement this Period

5	4	.	1	7
---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 175 E Houston St

City San Antonio State TX Zip Code 78205-2255

Purpose of Disbursement  
payment for phone charges

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	4

Transaction ID : VNH429TGY49

Amount of Each Disbursement this Period

3	6	.	6	2
---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address 175 E Houston St

City San Antonio State TX Zip Code 78205-2255

Purpose of Disbursement  
Payment for Phone services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : VNH429TGYB4

Amount of Each Disbursement this Period

4	1	.	6	2
---	---	---	---	---

[MEMO ITEM]

\*

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

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

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Citizens for Jason Patt**

Mailing Address PO Box 1045

City Waukegan State IL Zip Code 60079-1045

Purpose of Disbursement

Candidate Name  
**Citizens for Jason Patt**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : VNH429TGYJ0

Amount of Each Disbursement this Period

2	5	0	0	0	0
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Friends of Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705-1949

Purpose of Disbursement  
Contribution

Candidate Name  
**Friends of Dick Durbin**

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : VNH429TGYW9

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Go Daddy.com**

Mailing Address 14455 N Hayden Rd

City Scottsdale State AZ Zip Code 85260-6947

Purpose of Disbursement  
Telecommunications

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	4

Transaction ID : VNH429TGYQ9

Amount of Each Disbursement this Period

3	2	9	8	0	0
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[MEMO ITEM]

\*

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

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

0	0	0	0	0	0
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0	0	0	0	0	0
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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 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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. NGP Software**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : VNH429TGYK7

Amount of Each Disbursement this Period

160.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Personal PAC IL**

Mailing Address N La Salle St

City Chicago State IL Zip Code 60602

Purpose of Disbursement  
fundraiser event

Candidate Name

**Personal PAC IL**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2014

Transaction ID : VNH429TGY65

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Quinn for Illinois**

Mailing Address 676 N La Salle Dr  
Ste 340

City Chicago State IL Zip Code 60654-4630

Purpose of Disbursement  
event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

Transaction ID : VNH429TGYH2

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

\*

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

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

0.00

**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)

<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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Sheila Simon for Illinois**

Mailing Address P.O. Box 814

City Carbondale State IL Zip Code 62903

Purpose of Disbursement  
Political contribution

Candidate Name  
**Sheila Simon for Illinois**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: IL District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	4		

Transaction ID : VNH429TGY73

Amount of Each Disbursement this Period

2	5	0	.	0	0
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. USPS HP**

Mailing Address 833 Central Ave

City Highland Park State IL Zip Code 60035-6268

Purpose of Disbursement  
stamps for voter registrar letters

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	4		

Transaction ID : VNH429TGYM5

Amount of Each Disbursement this Period

2	4	5	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. USPS HP**

Mailing Address 833 Central Ave

City Highland Park State IL Zip Code 60035-6268

Purpose of Disbursement  
Stamps for fundraiser mailing

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	1	4		

Transaction ID : VNH429TGYG4

Amount of Each Disbursement this Period

7	3	5	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

\*

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

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

0	0	0
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0	0	0
---	---	---

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. USPS HP**

Mailing Address 833 Central Ave

City Highland Park State IL Zip Code 60035-6268

Purpose of Disbursement  
stamps for fundraiser

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : VNH429TGYP1

Amount of Each Disbursement this Period

490.00
--------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Vonage America Inc**

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733-2136

Purpose of Disbursement  
Telecommunications

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			28			2014			

Transaction ID : VNH429TGYN3

Amount of Each Disbursement this Period

65.21
-------

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Nancy Chausow Shafer**

Mailing Address 608 Broadview Ave

City Highland Park State IL Zip Code 60035-4802

Purpose of Disbursement  
Printing of manuals for attorney poll watchers

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : VNJ3AD98T95I

Amount of Each Disbursement this Period

50.00
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\* In-Kind Received

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

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

50.00
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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 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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address 1 Comcast Ctr

City Philadelphia State PA Zip Code 19103-2838

Purpose of Disbursement  
Telecommunications

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

**Transaction ID : VNH429TJ901**

Amount of Each Disbursement this Period

72.90

Full Name (Last, First, Middle Initial)

**B. ComEd**

Mailing Address PO Box 6111

City Carol Stream State IL Zip Code 60197-6111

Purpose of Disbursement  
Waukegan office electric bill

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

**Transaction ID : VNH429TJ8X7**

Amount of Each Disbursement this Period

87.51

Full Name (Last, First, Middle Initial)

**C. First Bank of Highland Park**

Mailing Address 1835 1st St

City Highland Park State IL Zip Code 60035-3120

Purpose of Disbursement  
Bank service fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

**Transaction ID : VNH429TJ8N4**

Amount of Each Disbursement this Period

133.76

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

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

294.17

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. First Bank of Highland Park**

Mailing Address 1835 1st St

City Highland Park State IL Zip Code 60035-3120

Purpose of Disbursement  
Bank service fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNH429TJ8P2**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. First Bank of Highland Park**

Mailing Address 1835 1st St

City Highland Park State IL Zip Code 60035-3120

Purpose of Disbursement  
Bank service fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNH429TJ8R8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Claire Montenegro**

Mailing Address 1689 Lake Ave

City Highland Park State IL Zip Code 60035-3318

Purpose of Disbursement  
Administrative Asst Oct 2014

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VNH429TGWJ7**

Amount of Each Disbursement this Period

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

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Claire Montenegro**

Mailing Address 1689 Lake Ave

City Highland Park State IL Zip Code 60035-3318

Purpose of Disbursement  
Administrative Assistant Weeks of 10/20, 10/27, 1

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2014

Transaction ID : VNH429TJ8T3

Amount of Each Disbursement this Period

663.00

Full Name (Last, First, Middle Initial)

**B. Moraine Township Democratic Organization**

Mailing Address PO Box 284

City Highland Park State IL Zip Code 60035-0284

Purpose of Disbursement  
Storage October

Candidate Name

**Moraine Township Democratic Organization**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : VNH429TGWK5

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Moraine Township Democratic Organization**

Mailing Address PO Box 284

City Highland Park State IL Zip Code 60035-0284

Purpose of Disbursement  
Storage November

Candidate Name

**Moraine Township Democratic Organization**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : VNH429TGWM3

Amount of Each Disbursement this Period

250.00

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

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

1163.00



**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)

<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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Bob Morgan**

Mailing Address 1301 W Cornelia Ave

City Chicago State IL Zip Code 60657-1451

Purpose of Disbursement  
Reimbursement for filing fees for lawsuit

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : VNH429TJ992**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. NGP Software**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : VNH429QWDX0**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)

**C. TeleTech Corporation**

Mailing Address 819 Sheridan Rd

City Highland Park State IL Zip Code 60035-4703

Purpose of Disbursement  
Cell phones for Election Day

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : VNH429TJ984**

Amount of Each Disbursement this Period

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

**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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Susan Zingle**

Mailing Address 14880 W Yorkhouse Rd

City Wadsworth State IL Zip Code 60083-9798

Purpose of Disbursement  
Supplies for Election Day attorneys - measuring devices

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : VNJ3AD98T61I**

Amount of Each Disbursement this Period

945.64
--------

\* In-Kind Received

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

945.64
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8057.87
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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 checked="" 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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Citizens to Elect John Wylie**

Mailing Address PO Box 606

City Grayslake State IL Zip Code 60030-0606

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : VNH429TM558

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. NAACP**

Mailing Address 411 McKinley Ave

City Waukegan State IL Zip Code 60085-6453

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

Transaction ID : VNH429T9XG8

Amount of Each Disbursement this Period

65.00
-------

Freedom Fund 2014 Banquet

Full Name (Last, First, Middle Initial)

**C. Quinn for Illinois**

Mailing Address 676 N La Salle Dr  
Ste 340

City Chicago State IL Zip Code 60654-4630

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : VNH429TM5R6

Amount of Each Disbursement this Period

500.00
--------

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

815.00
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**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 checked="" 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 Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. SCHNEIDER FOR CONGRESS**

Mailing Address PO Box 1318

City State Zip Code  
Deerfield IL 60015-6005

Purpose of Disbursement  
Contribution

011

Candidate Name

**BRADLEY SCOTT SCHNEIDER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : VNH429TM5S4**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

500.00
--------

1315.00
---------

**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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Citizens for Jason Patt**

Mailing Address PO Box 1045

City Waukegan State IL Zip Code 60079-1045

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Citizens for Jason Patt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : VNH429TGWR4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Carol Sente**

Mailing Address 680 Barclay Blvd

City Lincolnshire State IL Zip Code 60069-4328

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Friends of Carol Sente**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : VNH429TGWF3

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Frerichs**

Mailing Address 45 E University Ave  
Ste 205

City Champaign State IL Zip Code 61820-4046

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Mike Frerichs**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2014

Transaction ID : VNH429TMB19

Amount of Each Disbursement this Period

200.00

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

1700.00

**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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Illinois Tenth Congressional District Democrats**

Full Name (Last, First, Middle Initial)

**A. Friends of Sam Yingling**

Mailing Address 1919 II Route 83

City Round Lake Beach State IL Zip Code 60073-5108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Friends of Sam Yingling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

**Transaction ID : VNH429TGWD7**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Sam Yingling**

Mailing Address 1919 II Route 83

City Round Lake Beach State IL Zip Code 60073-5108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Friends of Sam Yingling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

**Transaction ID : VNH429TGWN1**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kilkelly for Lake County Clerk**

Mailing Address 2510 N Bonnie Brook Ln

City Waukegan State IL Zip Code 60087-2843

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kilkelly for Lake County Clerk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : VNH429TGWB2**

Amount of Each Disbursement this Period

50.00

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

1050.00

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

2750.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Illinois Tenth Congressional District Democrats** Transaction ID : VNJ3AC7SJX9L

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Gregg Garmisa	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1345 Forest Ave	
City Highland Park State IL ZIP Code 60035-3456	

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="4000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Illinois Tenth Congressional District Democrats** Transaction ID : **VNJ3AC7RC16L**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lauren Beth Gash	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1345 Forest Ave	
City Highland Park State IL ZIP Code 60035-3456	

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred 12 / 24 / 2010	Date Due no due date	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------	-------------------------	-------------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	6000.00

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