



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**JIM WALZ FOR CONGRESS**

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

	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))....	9880.00	19447.42
(b) Total Contribution Refunds (from Line 20(d)) .....	2980.00	2980.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6900.00	16467.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	8582.17	14501.51
(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)).....	8582.17	14501.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2965.91	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1000.00	

**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 05/2016)

Write or Type Committee Name

**JIM WALZ FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4480.00	10305.00
(ii) Unitemized .....	4150.00	6892.42
(iii) TOTAL of contributions from individuals ▶	8630.00	17197.42
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1250.00	2250.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9880.00	19447.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	9880.00	20447.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8582.17	14501.51
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 .....	2980.00	2980.00
(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)).....	2980.00	2980.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11562.17	17481.51

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4648.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9880.00
25. SUBTOTAL (add Line 23 and Line 24).....	14528.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11562.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2965.91

**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 5 OF 13	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**JIM WALZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Beltran, Robert, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 02 / 2016	
Mailing Address 2814 Regner Road			<b>Transaction ID : SA11AI.4318</b>	
City McHenry	State IL	Zip Code 60051	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer N/A		Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Boberg, Wayne, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2016	
Mailing Address 317 W. Wisconsin			<b>Transaction ID : SA11AI.4354</b>	
City Chicago	State IL	Zip Code 60614	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Winston & Strawn		Occupation Partner		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Byrd, Stephen, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2016	
Mailing Address 35080 N. Oak Knoll Circle			<b>Transaction ID : SA11AI.4322</b>	
City Gurnee	State IL	Zip Code 60031	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Sportradar		Occupation Chief Commercial Officer		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

**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 13	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gloria, Carlos, , ,**

Mailing Address 3810 Parkway Lane

City Zion	State IL	Zip Code 60099
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FEC ID number of contributing federal political committee. **C**

Name of Employer Ten Lew Liquors	Occupation Owner
-------------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 980.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2016

**Transaction ID : SA11AI.4307**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 980.00

Memo Item

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

Mailing Address 2900 W Peterson Ave # 5

City Chicago	State IL	Zip Code 60659
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FEC ID number of contributing federal political committee. **C**

Name of Employer Schimmel Law Firm	Occupation Attorney
---------------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2016

**Transaction ID : SA11AI.4223**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 5212 N Lincoln Ave

City Chicago	State IL	Zip Code 60625
-----------------	-------------	-------------------

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

Name of Employer Mr. Submarine	Occupation Owner
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2016

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 2980.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

# 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 7 OF 13	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Snodgrass, Karen, , ,**

Mailing Address 29W300 Iroquois

City Warrenville	State IL	Zip Code 60555
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FEC ID number of contributing federal political committee. **C**

Name of Employer Center Cass School District	Occupation Education
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 11 / 2016

**Transaction ID : SA11AI.4356**

Amount of Each Receipt this Period  
500.00

Memo Item

**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) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**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) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4480.00

**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 8 OF 13	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ILLINOIS DEMOCRATIC COUNTY CHAIRMEN'S ASSOCIATION**

Mailing Address P.O. BOX 3445

City SPRINGFIELD	State IL	Zip Code 62708
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FEC ID number of contributing federal political committee. **C** C00449512

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

**Transaction ID : SA11C.4303**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE**

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2016

**Transaction ID : SA11C.4342**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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  
 M M / D D / Y Y Y Y Y Y  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
 \_\_\_\_\_

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1250.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____ 1250.00

**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 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CFO Compliance LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016	
Mailing Address One Park Row 5th Floor			FEC Identification Number C	
City Providence	State RI	Zip Code 02903	Amount of Each Disbursement this Period 406.25	
Purpose of Disbursement Compliance Services		Category/Type	Transaction ID : SB17.4228	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Minuteman Press</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 3701 Grand Ave			FEC Identification Number C	
City Gurnee	State IL	Zip Code 60031	Amount of Each Disbursement this Period 2385.00	
Purpose of Disbursement Printing		Category/Type	Transaction ID : SB17.4249	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Minuteman Press</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2016	
Mailing Address 3701 Grand Ave			FEC Identification Number C	
City Gurnee	State IL	Zip Code 60031	Amount of Each Disbursement this Period 3844.60	
Purpose of Disbursement Printing		Category/Type	Transaction ID : SB17.4250	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6635.85
<b>TOTAL</b> 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 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address 3701 Grand Ave		FEC Identification Number C
City Gurnee	State IL	Zip Code 60031
Purpose of Disbursement Printing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 966.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4251
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Raise the Money</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address P.O. Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 170.01	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4373
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1136.01
<b>TOTAL</b> This Period (last page this line number only).....▶	7771.86

**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 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CGTL Investments, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2016		
Mailing Address 1808 10th St			FEC Identification Number C		
City Waukegan	State IL	Zip Code 60085	Amount of Each Disbursement this Period 980.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : SB20A.4314		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Fard One</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016		
Mailing Address 1721 S. Paulina			FEC Identification Number C		
City Chicago	State IL	Zip Code 60608	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : SB20A.4237		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Gas N' Go</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016		
Mailing Address 1535 W. Grand			FEC Identification Number C		
City Chicago	State IL	Zip Code 60642	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : SB20A.4238		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1980.00
<b>TOTAL</b> 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 12 OF 13			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**JIM WALZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Halsted Quality Gas</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016		
Mailing Address 9800 S. Halsted			FEC Identification Number C		
City Chicago	State IL	Zip Code 60628	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : SB20A.4239		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. KJJ Enterprises</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016		
Mailing Address 11101 S. Corliss			FEC Identification Number C		
City Chicago	State IL	Zip Code 60628	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type	Transaction ID : SB20A.4240		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2980.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM WALZ FOR CONGRESS** Transaction ID : **SC/10.4170**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) WALZ, JIM, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4159 N BROWN CIRCLE			
City GURNEE	State IL	ZIP Code 60031	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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<b>TERMS</b>	Date Incurred M 02 / D 08 / Y 2016	Date Due M M / D D / Y none	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	1000.00

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