

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

Office Use Only

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

Illinois Political Active Letter Carriers

ADDRESS (number and street)

P.O. Box 561

☐Check if different
than previously
reported. (ACC)

Orland Park

IL

60462

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00264689

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Jack Heniff

Signature of Treasurer

Electronically Filed by Mr. Jack Heniff

Date

06

30

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name
Illinois Political Active Letter Carriers

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | | | |
|--|--|-----------------------------------|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| 6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | <table><tr><td>6</td><td>1</td><td>6</td><td>8</td><td>6</td><td>.</td><td>0</td><td>4</td></tr></table> | 6 | 1 | 6 | 8 | 6 | . | 0 | 4 |
| Y | Y | Y | Y | | | | | | | | | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | | | | | | | | | |
| 6 | 1 | 6 | 8 | 6 | . | 0 | 4 | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table><tr><td>6</td><td>3</td><td>4</td><td>4</td><td>5</td><td>.</td><td>7</td><td>5</td></tr></table> | 6 | 3 | 4 | 4 | 5 | . | 7 | 5 | | | | | | | | | |
| 6 | 3 | 4 | 4 | 5 | . | 7 | 5 | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table><tr><td>1</td><td>9</td><td>4</td><td>9</td><td>7</td><td>.</td><td>0</td><td>1</td></tr></table> | 1 | 9 | 4 | 9 | 7 | . | 0 | 1 | <table><tr><td>2</td><td>5</td><td>2</td><td>3</td><td>9</td><td>.</td><td>4</td><td>5</td></tr></table> | 2 | 5 | 2 | 3 | 9 | . | 4 | 5 |
| 1 | 9 | 4 | 9 | 7 | . | 0 | 1 | | | | | | | | | | | |
| 2 | 5 | 2 | 3 | 9 | . | 4 | 5 | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table><tr><td>8</td><td>2</td><td>9</td><td>4</td><td>2</td><td>.</td><td>7</td><td>6</td></tr></table> | 8 | 2 | 9 | 4 | 2 | . | 7 | 6 | <table><tr><td>8</td><td>6</td><td>9</td><td>2</td><td>5</td><td>.</td><td>4</td><td>9</td></tr></table> | 8 | 6 | 9 | 2 | 5 | . | 4 | 9 |
| 8 | 2 | 9 | 4 | 2 | . | 7 | 6 | | | | | | | | | | | |
| 8 | 6 | 9 | 2 | 5 | . | 4 | 9 | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table><tr><td>1</td><td>7</td><td>6</td><td>5</td><td>8</td><td>.</td><td>6</td><td>7</td></tr></table> | 1 | 7 | 6 | 5 | 8 | . | 6 | 7 | <table><tr><td>2</td><td>1</td><td>6</td><td>4</td><td>1</td><td>.</td><td>4</td><td>0</td></tr></table> | 2 | 1 | 6 | 4 | 1 | . | 4 | 0 |
| 1 | 7 | 6 | 5 | 8 | . | 6 | 7 | | | | | | | | | | | |
| 2 | 1 | 6 | 4 | 1 | . | 4 | 0 | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table><tr><td>6</td><td>5</td><td>2</td><td>8</td><td>4</td><td>.</td><td>0</td><td>9</td></tr></table> | 6 | 5 | 2 | 8 | 4 | . | 0 | 9 | <table><tr><td>6</td><td>5</td><td>2</td><td>8</td><td>4</td><td>.</td><td>0</td><td>9</td></tr></table> | 6 | 5 | 2 | 8 | 4 | . | 0 | 9 |
| 6 | 5 | 2 | 8 | 4 | . | 0 | 9 | | | | | | | | | | | |
| 6 | 5 | 2 | 8 | 4 | . | 0 | 9 | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table> | 0 | . | 0 | 0 | | | | | | | | | | | | | |
| 0 | . | 0 | 0 | | | | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table> | 0 | . | 0 | 0 | | | | | | | | | | | | | |
| 0 | . | 0 | 0 | | | | | | | | | | | | | | | |

☒ 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)

3 / 25

Write or Type Committee Name

Illinois Political Active Letter Carriers

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 6631.00 | 6881.00 |
| (ii) Unitemized | 12866.01 | 18358.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 19497.01 | 25239.45 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 19497.01 | 25239.45 |
| 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 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 19497.01 | 25239.45 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 19497.01 | 25239.45 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 1158.67 | 2566.40 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 1158.67 | 2566.40 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9350.00 | 10350.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 7150.00 | 8725.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 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)).. | 17658.67 | 21641.40 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17658.67 | 21641.40 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 19497.01 | 25239.45 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 19497.01 | 25239.45 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1158.67 | 2566.40 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1158.67 | 2566.40 |

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 6 / 25

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

William Bean, Jr.

Mailing Address 142 West Glengate Ave

City

Chicago Hgts.

State

IL

Zip Code

60411

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.10878

Amount of Each Receipt this Period

240.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Michael Caref

Mailing Address 6150 N. Hoyne
2nd Flr

City

Chicago

State

IL

Zip Code

60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.10872

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Karen Ceska

Mailing Address 8823 S Komensky Ave

City

Hometown

State

IL

Zip Code

60456

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.10870

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional)

730.00

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 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Ken Christy

Mailing Address 1110 Laurel Dr

City

Aurora

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.10865

Amount of Each Receipt this Period

500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David Colegrove

Mailing Address 106 E Jefferson St
61

City

Shorewood

State

ID

Zip Code

60431

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10855

Amount of Each Receipt this Period

50.00

Contribution

C.

Full Name (Last, First, Middle Initial)

John Cooksey

Mailing Address 17962 Monroe Rd

City

Johnston City

State

IL

Zip Code

62951

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10857

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

800.00

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 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Daniel Davis

Mailing Address 717 S Independence

City

Mascoutah

State

IL

Zip Code

62258

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10861

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Elise Foster

Mailing Address 2942 W Feltee

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.10873

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bryant Funches

Mailing Address 703 E. 173rd St

City

So. Holland

State

IL

Zip Code

60473

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.10859

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Debora Gipson

Mailing Address 1411 S Michigan Ave

City

Chicago

State

IL

Zip Code

60605

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.10871

Amount of Each Receipt this Period

240.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Yolanda Gipson

Mailing Address 6657 S. University

City

Chicago

State

IL

Zip Code

60632

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10875

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Bernadette Green

Mailing Address 2519 Eastview Dr

City

Belleville

State

IL

Zip Code

62221

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.10852

Amount of Each Receipt this Period

255.00

Contribution

SUBTOTAL of Receipts This Page (optional)

745.00

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 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

John Harden

Mailing Address 430 Crandon

City

Calumet City

State

IL

Zip Code

60409

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.10887

Amount of Each Receipt this Period

240.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Robert Henrichs

Mailing Address 326 Moultrie Ln

City

Ofallon

State

IL

Zip Code

62269

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10860

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Percilla Hudson

Mailing Address 5024 W. 179yh St.

City

Country Club Hills

State

IL

Zip Code

60478

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10888

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

740.00

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 11 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Mack Julion, Sr.

Mailing Address 7826 S Homan

City

Chicago

State

IL

Zip Code

60652

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.10893

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mack Julion, Sr.

Mailing Address 7826 S Homan

City

Chicago

State

IL

Zip Code

60652

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.10884

Amount of Each Receipt this Period

140.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mary Kluber

Mailing Address 1170 Trask Rd

City

Aurora

State

IL

Zip Code

60505

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.10958

Amount of Each Receipt this Period

5.00

Contribution

SUBTOTAL of Receipts This Page (optional)

395.00

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 12 / 25

(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 Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Reenai Mason

Mailing Address 221 Pine Dale

City

Swansea

State

ID

Zip Code

62221

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 3 | 0 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.10866

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Montago McCraney

Mailing Address 130 S 18th Ave

City

Maywood

State

ID

Zip Code

60153

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 8 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.10858

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Edward Pyrzynski

Mailing Address 5116 W Patterson

City

Chicago

State

IL

Zip Code

60641

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPD

Occupation

Letter Carrier

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 8 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.10869

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional)

740.00

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 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Shana Rainey

Mailing Address 909 E. 100th Place

City

Chicago

State

IL

Zip Code

60628

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.10868

Amount of Each Receipt this Period

240.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kevin Schaible

Mailing Address PON 39

City

Belleville

State

ID

Zip Code

62222

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

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

Transaction ID: SA11AI.10862

Amount of Each Receipt this Period

261.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Neal Tisdale

Mailing Address 3501 Rugely Rd
Lt 63

City

Springfield

State

IL

Zip Code

62702

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10864

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

George Turner, Jr.

Mailing Address 1657 N. Long Ln.

City

Chicago

State

IL

Zip Code

60639

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.10879

Amount of Each Receipt this Period

220.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bobby Walker

Mailing Address 434 N 23rd St

City

E. St. Louis

State

IL

Zip Code

62206

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10867

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

James A. Williams

Mailing Address 6635 S. Minrva

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.10881

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

720.00

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 15 / 25

(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 Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Timothy Willis

Mailing Address 8637 S Wabash

City

Chicago

State

IL

Zip Code

60619

FEC ID number of contributing
federal political committee.

C

Name of Employer
USPS

Occupation

Letter Carrier

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 7 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11Al.10853

Amount of Each Receipt this Period

260.00

Contribution

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

6631.00

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

PAGE 16 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw WI 48663Purpose of Disbursement
Telephone Fax

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10825

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

19.80

B.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw WI 48663Purpose of Disbursement
Telephone

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10826

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 1 0

Amount of Each Disbursement this Period

52.05

C.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw WI 48663Purpose of Disbursement
Computer Access

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10827

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 1 0

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional) ►

146.85

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

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

PAGE 17 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw WI 48663Purpose of Disbursement
Computer Access

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10828

Date of Disbursement

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

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw WI 48663Purpose of Disbursement
Telephone Fax

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10831

Date of Disbursement

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

Amount of Each Disbursement this Period

19.95

C.

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address Bill Payment Center

City State Zip Code
Saginaw WI 48663Purpose of Disbursement
Telephone

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10832

Date of Disbursement

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

Amount of Each Disbursement this Period

52.20

SUBTOTAL of Disbursements This Page (optional)

147.15

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)

PAGE 18 / 25

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Political Active Letter Carriers

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) AT & T | Transaction ID: SB21B.10833 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Bill Payment Center | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 3 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code Saginaw WI 48663 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Telephone Fax Candidate Name | <table border="1"> <tr> <td colspan="10">19.67</td> </tr> </table> | 19.67 | | | | | | | | | | | | | | | | | | | |
| 19.67 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <table border="1"> <tr> <td>001</td> <td>Category/ Type</td> </tr> </table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 001 | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) AT & T | Transaction ID: SB21B.10834 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Bill Payment Center | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 0 | 9 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code Saginaw WI 48663 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Computer Access Candidate Name | <table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table> | 75.00 | | | | | | | | | | | | | | | | | | | |
| 75.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <table border="1"> <tr> <td>001</td> <td>Category/ Type</td> </tr> </table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 001 | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) AT & T | Transaction ID: SB21B.10835 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Bill Payment Center | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 0 | 9 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code Saginaw WI 48663 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Telephone Candidate Name | <table border="1"> <tr> <td colspan="10">52.64</td> </tr> </table> | 52.64 | | | | | | | | | | | | | | | | | | | |
| 52.64 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | <table border="1"> <tr> <td>001</td> <td>Category/ Type</td> </tr> </table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 001 | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

147.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Office Max

Mailing Address 159th 94th Ave

City
Orland Hills

State
IL

Zip Code
60477

Purpose of Disbursement
Office Equipment

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21B.10841

Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

455.60

B.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 16189 S Harlem

City
Tinley Park

State
IL

Zip Code
60477

Purpose of Disbursement
Promotional Items

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21B.10838

Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

128.76

SUBTOTAL of Disbursements This Page (optional)

584.36

TOTAL This Period (last page this line number only)

1025.67

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

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

BEAN, MELISSA LUBURICH

Mailing Address PO Box 3068

City
BarringtonState
ILZip Code
60010Purpose of Disbursement
ContributionCandidate Name
BEAN, MELISSA LUBURICHCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.10842

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

JERRY F COSTELLO

Mailing Address 2608 PRO TOUR DRIVE

City
BELLEVILLEState
ILZip Code
62220Purpose of Disbursement
ContributionCandidate Name
COSTELLO FOR CONGRESS COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 12

Transaction ID: SB23.10843

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

COSTELLO FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 8250

City
BellevilleState
ILZip Code
62222Purpose of Disbursement
ContributionCandidate Name
COSTELLO FOR CONGRESS COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 12

Transaction ID: SB23.11055

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

| | | | | | | | | | | | |
|--|-----|--|-----|---|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

Illinois Political Active Letter Carriers

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City
EVANSTONState
ILZip Code
60204Purpose of Disbursement
ContributionCandidate Name
SCHAKOWSKY FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.11058

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

B.

Full Name (Last, First, Middle Initial)

SHIMKUS, JOHN M

Mailing Address 504 Sumner Boulevard

City
CollinsvilleState
ILZip Code
62234Purpose of Disbursement
ContributionCandidate Name
SHIMKUS, JOHN MCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: SB23.11057

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

9350.00

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

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

John Bradley

Mailing Address P.O. Drawer 488

City
Marion

State
IL

Zip Code
62959

Purpose of Disbursement
Contribution

Candidate Name
John Bradley

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.11059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Lisa Madigan

Mailing Address 500 N. Dearborn
Suite 1150

City
Chicago

State
IL

Zip Code
60610-5801

Purpose of Disbursement
Contribution

Candidate Name
Citizens for Lisa Madigan

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10844

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Citizens for Mike Smith

Mailing Address P.O. Box 186

City
Canto

State
IL

Zip Code
61520

Purpose of Disbursement
Ticket Purchase

Candidate Name
Citizens for Mike Smith

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: SB29.10847

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

1350.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)

Jackie Collins

Mailing Address POB 209054

City
Chicago

State
IL

Zip Code
60620

Purpose of Disbursement
Contribution

Candidate Name
Collins Jackie Friends of

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: SB29.11064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Crotty Maggie Friends of

Mailing Address POB 203

City
Oak Forest

State
IL

Zip Code
60452

Purpose of Disbursement
Ticket Purchase

Candidate Name
Crotty Maggie Friends of

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: SB29.10851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Robin Kelly

Mailing Address 156 Towncenter Dr.

City
Matteson

State
IL

Zip Code
60443

Purpose of Disbursement
Contribution

Candidate Name
Kelly Robin Friends of

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: SB29.11072

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Illinois Political Active Letter Carriers

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Stephanie Kifout | Transaction ID: SB29.11060 Date of Disbursement |
| Mailing Address POB 1414 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 1 0</div> </div> |
| City Aurora State IL Zip Code 60507 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution | <div>500.00</div> |
| Candidate Name Kifout Stephanie Friends of | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |
| B. Full Name (Last, First, Middle Initial) Link Terry Friends of | Transaction ID: SB29.10850 Date of Disbursement |
| Mailing Address P.O. Box 8655 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 1 0</div> </div> |
| City Waukegan State IL Zip Code 60085 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Ticket Purchase | <div>1200.00</div> |
| Candidate Name Link Terry Friends of | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: | |
| C. Full Name (Last, First, Middle Initial) David Miller | Transaction ID: SB29.11068 Date of Disbursement |
| Mailing Address 1350 E. Sibley Blvd Suite 202 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 1 0</div> </div> |
| City Dolton State IL Zip Code 60419 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution | <div>1500.00</div> |
| Candidate Name Miller David Fiends of | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |

SUBTOTAL of Disbursements This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

6850.00