

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C00448795 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2010 through 09 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 Peter Couval

Signature of Treasurer Electronically Filed by Peter Couval Date 10 20 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

Write or Type Committee Name
ILLINOIS VICTORY

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

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 border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		33418.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	81332.25									
(c) Total Receipts (from Line 19)	32797.75	272582.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114130.00	306000.57								
7. Total Disbursements (from Line 31)	90877.27	282747.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23252.73	23252.73								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
ILLINOIS VICTORY

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

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)	14900.00	19900.00
(ii) Unitemized	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14900.00	19950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	25604.81
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14900.00	45554.81
12. Transfers From Affiliated/Other Party Committees	17897.75	217675.25
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	9352.50
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))	32797.75	272582.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32797.75	272582.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	38184.66	152882.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	38184.66	152882.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	52692.61	127865.45
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	52692.61	127865.45
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	90877.27	282747.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90877.27	282747.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14900.00	45554.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14900.00	45554.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38184.66	152882.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	9352.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38184.66	143529.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 40
(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

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 VICTORY

A.	Full Name (Last, First, Middle Initial) Nancie Blatt		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 370-D Park Ave		Transaction ID: SA11AI.8142		
	City Highland Park	State IL	Zip Code 60035	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer None	Occupation Retired	Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Faisal Gill		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address 32 29th Ave		Transaction ID: SA11AI.8138		
	City Venice	State CA	Zip Code 90291	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer Gill Law Firm	Occupation Attorney	Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Marcena Love		Date of Receipt MM / DD / YYYY 09 / 13 / 2010		
	Mailing Address 1175 Pelham Rd		Transaction ID: SA11AI.8134		
	City Winnetka	State IL	Zip Code 60093	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Self	Occupation Activist	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Harry Pascal	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1215 Spruce St	Transaction ID: SA11AI.8136
	City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 4500.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Self Occupation CPA	Aggregate Year-to-Date ▼ 4500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Sheila Smith	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 180 North La Salle Street	Transaction ID: SA11AI.8146
	City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer ARC GLOBAL TECH Occupation CEO	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mary Trew	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 1834 Ridge Ave	Transaction ID: SA11AI.8140
	City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Dan Seals for Congress Occupation Scheduler	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5400.00
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 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Susan Wellek		Date of Receipt
	Mailing Address 2555 Stone Court		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NORTHBROOK	IL	60062
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Homemaker	Occupation Homemaker	Transaction ID: SA11AI.8144
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="5000.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		contribution	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14900.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

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

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
195369.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2010

Transaction ID: SA12.8125

Amount of Each Receipt this Period
4449.00

Transfer from affiliate

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

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
199751.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2010

Transaction ID: SA12.8126

Amount of Each Receipt this Period
4382.00

Transfer from affiliate

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

Mailing Address 430 South Capitol Street, SE
2nd Floor

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204399.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2010

Transaction ID: SA12.8127

Amount of Each Receipt this Period
4648.00

Transfer from affiliate

SUBTOTAL of Receipts This Page (optional) ► **13479.00**

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 / 40
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8115.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA12.8132

Amount of Each Receipt this Period
1150.00

Transfer from affiliate

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9115.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: SA12.8133

Amount of Each Receipt this Period
1000.00

Tranfer from affiliate

C. Full Name (Last, First, Middle Initial)
Democratic Party of Illinois

Mailing Address P.O. BOX 518

City State Zip Code
SPRINGFIELD IL 62705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1361.25

Date of Receipt
MM / DD / YYYY
09 / 28 / 2010

Transaction ID: SA12.8128

Amount of Each Receipt this Period
1361.25

Transfer from affiliate

SUBTOTAL of Receipts This Page (optional) ► **3511.25**

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 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial)
Democratic Party of Illinois

Mailing Address P.O. BOX 518

City State Zip Code
SPRINGFIELD IL 62705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2268.75

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2010

Transaction ID: SA12.8131

Amount of Each Receipt this Period
907.50

Transfer from affiliate

SUBTOTAL of Receipts This Page (optional)	▶	907.50
TOTAL This Period (last page this line number only)	▶	17897.75

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) 29/39 S LaSalle Holdings	Transaction ID: SB21B.8020 Date of Disbursement
	Mailing Address 29 S LaSalle St	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60603	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent	<input type="text" value="2722.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AGL Computers	Transaction ID: SB21B.8059 Date of Disbursement
	Mailing Address South Haven SQ 390 W US HWY 6 Unit	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Valparaiso State IN Zip Code 46368	Amount of Each Disbursement this Period
	Purpose of Disbursement Computers	<input type="text" value="443.32"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AGL Computers	Transaction ID: SB21B.8062 Date of Disbursement
	Mailing Address South Haven SQ 390 W US HWY 6 Unit	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Valparaiso State IN Zip Code 46368	Amount of Each Disbursement this Period
	Purpose of Disbursement Computers	<input type="text" value="4648.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7813.82"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial) AGL Computers Mailing Address South Haven SQ 390 W US HWY 6 Unit City Valparaiso State IN Zip Code 46368 Purpose of Disbursement computer equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8067 Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 658.24

B. Full Name (Last, First, Middle Initial) AT&T Mailing Address N17 W24300 Riverwood Dr City Waukesha State WI Zip Code 53188 Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8021 Date of Disbursement 09 / 08 / 2010
	Amount of Each Disbursement this Period 62.78

C. Full Name (Last, First, Middle Initial) Campaign Finance Officers, LLC Mailing Address 102 Waterman Street, Suite 2 City Providence State RI Zip Code 02906 Purpose of Disbursement Compliance and Accounting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8066 Date of Disbursement 09 / 14 / 2010
	Amount of Each Disbursement this Period 4275.70

SUBTOTAL of Disbursements This Page (optional) ▶	4996.72
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
Campaign Finance Officers, LLC

Transaction ID: SB21B.8070
Date of Disbursement

Mailing Address 102 Waterman Street, Suite 2

/ /

City Providence State RI Zip Code 02906

Amount of Each Disbursement this Period

Purpose of Disbursement
Compliance and Accounting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Comcast

Transaction ID: SB21B.8078
Date of Disbursement

Mailing Address 5711 S Western Ave

/ /

City Chicago State IL Zip Code 60636

Amount of Each Disbursement this Period

Purpose of Disbursement
Cable and Internet

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Commonwealth Edison

Transaction ID: SB21B.8022
Date of Disbursement

Mailing Address P.O. Box 805379

/ /

City Chicago State IL Zip Code 60680

Amount of Each Disbursement this Period

Purpose of Disbursement
Office utilities

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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 VICTORY

A.	Full Name (Last, First, Middle Initial) Illinois Department of Revenue <hr/> Mailing Address 100 West Randolph Street <hr/> City Chicago State IL Zip Code 60601 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8064 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1388.49
B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City Baton Rouge State LA Zip Code 70826 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8060 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 15.00
C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City Baton Rouge State LA Zip Code 70826 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8061 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 15.00

SUBTOTAL of Disbursements This Page (optional) ▶	1418.49
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8063 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8065 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="34.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8069 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="34.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="83.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8071 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8074 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="34.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Selective Insurance Company	Transaction ID: SB21B.8017 Date of Disbursement
	Mailing Address 7401 Beaufont Springs Drive, Suite	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23225	Amount of Each Disbursement this Period
	Purpose of Disbursement Business Insurance	<input type="text" value="1920.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1974.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Selective Insurance Company	Transaction ID: SB21B.8072 Date of Disbursement
	Mailing Address 7401 Beaufont Springs Drive, Suite	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23225	Amount of Each Disbursement this Period
	Purpose of Disbursement Business insurance	<input type="text" value="1635.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Selective Insurance Company	Transaction ID: SB21B.8073 Date of Disbursement
	Mailing Address 7401 Beaufont Springs Drive, Suite	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Richmond State VA Zip Code 23225	Amount of Each Disbursement this Period
	Purpose of Disbursement Business Insurance	<input type="text" value="1623.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United Healthcare	Transaction ID: SB21B.8077 Date of Disbursement
	Mailing Address 233 North Michigan Avenue	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="2264.93"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5522.93"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)
United States Treasury

Mailing Address

City State Zip Code

Purpose of Disbursement
Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11321.87

SUBTOTAL of Disbursements This Page (optional)

11321.87

TOTAL This Period (last page this line number only)

38082.41

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Kofi Anaman Mailing Address 304 Lafayette Street City Joliet State IL Zip Code 60436 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8103 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 643.99
B.	Full Name (Last, First, Middle Initial) Kate Catherall Mailing Address 1216 Carriage Ln City La Grange State IL Zip Code 60525 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8036 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 1481.81
C.	Full Name (Last, First, Middle Initial) Kate Catherall Mailing Address 1216 Carriage Ln City La Grange State IL Zip Code 60525 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8097 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 1482.24

SUBTOTAL of Disbursements This Page (optional) ▶

3608.04

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Devin Conroy Mailing Address 3305 Fox Hunt Lane City Saint Charles State IL Zip Code 60174 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8105 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 790.43
B.	Full Name (Last, First, Middle Initial) Robert Corradi Mailing Address Division Street City Marine State IL Zip Code 62061 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8030 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 839.00
C.	Full Name (Last, First, Middle Initial) Robert Corradi Mailing Address Division Street City Marine State IL Zip Code 62061 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8083 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 837.74

SUBTOTAL of Disbursements This Page (optional)	2467.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Thomas Cramer	Transaction ID: SB30B.8042 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2100 Ewing Avenue	Amount of Each Disbursement this Period 813.50
	City Evanston State IL Zip Code 60201	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Thomas Cramer	Transaction ID: SB30B.8079 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2100 Ewing Avenue	Amount of Each Disbursement this Period 813.24
	City Evanston State IL Zip Code 60201	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jeremy Custer	Transaction ID: SB30B.8029 Date of Disbursement 09 / 15 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 741.65
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2368.39
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Jeremy Custer	Transaction ID: SB30B.8088 Date of Disbursement 09 / 30 / 2010
	Mailing Address 709 North Avenue	
	City Waukegan State IL Zip Code 60085	Amount of Each Disbursement this Period 741.39
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Benjamin Dobbins	Transaction ID: SB30B.8048 Date of Disbursement 09 / 15 / 2010
	Mailing Address 2705 Meadow Pointe Drive	
	City Springfield State IL Zip Code 62702	Amount of Each Disbursement this Period 718.65
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Benjamin Dobbins	Transaction ID: SB30B.8090 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2705 Meadow Pointe Drive	
	City Springfield State IL Zip Code 62702	Amount of Each Disbursement this Period 718.58
	Purpose of Disbursement Payroll	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2178.62
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Emma Eschenfeldt	Transaction ID: SB30B.8043 Date of Disbursement 09 / 15 / 2010
	Mailing Address 40W709 White Fence Way	Amount of Each Disbursement this Period 816.00
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Emma Eschenfeldt	Transaction ID: SB30B.8085 Date of Disbursement 09 / 30 / 2010
	Mailing Address 40W709 White Fence Way	Amount of Each Disbursement this Period 815.74
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Stefanie J. Glavtcheff	Transaction ID: SB30B.8148 Date of Disbursement 09 / 30 / 2010
	Mailing Address	Amount of Each Disbursement this Period 683.53
	City Bensenville State IL Zip Code 60106	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2315.27
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Ronald Groves <hr/> Mailing Address 17636 Mulberry St <hr/> City Country Club Hills State IL Zip Code 60478 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8107 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 621.18
B.	Full Name (Last, First, Middle Initial) Beverly Halloran <hr/> Mailing Address 28. S. Juniper Drive <hr/> City N. Aurora State IL Zip Code 60542 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8046 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 764.65
C.	Full Name (Last, First, Middle Initial) Beverly Halloran <hr/> Mailing Address 28. S. Juniper Drive <hr/> City N. Aurora State IL Zip Code 60542 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8084 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 764.20

SUBTOTAL of Disbursements This Page (optional) ▶

2150.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Traci Johnson	Transaction ID: SB30B.8109 Date of Disbursement 09 / 30 / 2010
	Mailing Address 38W135 Adele Ln	Amount of Each Disbursement this Period 1047.23
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brian King	Transaction ID: SB30B.8031 Date of Disbursement 09 / 15 / 2010
	Mailing Address 20679-2460 North Avenue	Amount of Each Disbursement this Period 764.65
	City Ohio State IL Zip Code 61349	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hericc King	Transaction ID: SB30B.8026 Date of Disbursement 09 / 15 / 2010
	Mailing Address 20679-2460 North Avenue	Amount of Each Disbursement this Period 790.50
	City Ohio State IL Zip Code 61349	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2602.38
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Hericc King	Transaction ID: SB30B.8091 Date of Disbursement 09 / 30 / 2010
	Mailing Address 20679-2460 North Avenue	Amount of Each Disbursement this Period 790.43
	City Ohio State IL Zip Code 61349	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hericc King	Transaction ID: SB30B.8094 Date of Disbursement 09 / 30 / 2010
	Mailing Address 20679-2460 North Avenue	Amount of Each Disbursement this Period 764.20
	City Ohio State IL Zip Code 61349	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joseph S. Lee	Transaction ID: SB30B.8044 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1216 Carriage Ln	Amount of Each Disbursement this Period 1481.81
	City La Grange State IL Zip Code 60525	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3036.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

<p>A. Full Name (Last, First, Middle Initial) Joseph S. Lee</p> <p>Mailing Address 1216 Carriage Ln</p> <p>City La Grange State IL Zip Code 60525</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8082</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1482.24</p>
<p>B. Full Name (Last, First, Middle Initial) Josie Mace</p> <p>Mailing Address 709 North Avenue</p> <p>City Waukegan State IL Zip Code 60085</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8123</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 790.50</p>
<p>C. Full Name (Last, First, Middle Initial) Josie Mace</p> <p>Mailing Address 5729 Swanson Rd</p> <p>City Richmond State VA Zip Code 23225</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8111</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 780.85</p>

SUBTOTAL of Disbursements This Page (optional) ►

3053.59

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Anna Markowski	Transaction ID: SB30B.8045 Date of Disbursement 09 / 15 / 2010
	Mailing Address 364 Western Avenue	Amount of Each Disbursement this Period 1600.50
	City Joliet State IL Zip Code 60435	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Anna Markowski	Transaction ID: SB30B.8096 Date of Disbursement 09 / 30 / 2010
	Mailing Address 364 Western Avenue	Amount of Each Disbursement this Period 1600.70
	City Joliet State IL Zip Code 60435	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Matt Muchowski	Transaction ID: SB30B.8049 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1619 W. 18th Street Suite 1	Amount of Each Disbursement this Period 840.25
	City Chicago State IL Zip Code 60608	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4041.45
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Matt Muchowski <hr/> Mailing Address 1619 W. 18th Street Suite 1 <hr/> City Chicago State IL Zip Code 60608 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8093 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 838.55
B.	Full Name (Last, First, Middle Initial) Timothy Nazanin <hr/> Mailing Address 1042 W Rosemont Ave <hr/> City Chicago State IL Zip Code 60660 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8027 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 841.50
C.	Full Name (Last, First, Middle Initial) Timothy Nazanin <hr/> Mailing Address 1042 W Rosemont Ave <hr/> City Chicago State IL Zip Code 60660 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8095 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 841.05

SUBTOTAL of Disbursements This Page (optional) ▶	2521.10
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Jason Nippa	Transaction ID: SB30B.8037 Date of Disbursement 09 / 15 / 2010
	Mailing Address 11411 Michigan Dr	Amount of Each Disbursement this Period 998.87
	City Spring Grove State IL Zip Code 60081	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jason Nippa	Transaction ID: SB30B.8092 Date of Disbursement 09 / 30 / 2010
	Mailing Address 11411 Michigan Dr	Amount of Each Disbursement this Period 790.43
	City Spring Grove State IL Zip Code 60081	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Parr	Transaction ID: SB30B.8034 Date of Disbursement 09 / 15 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 839.00
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2628.30
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Michael Parr	Transaction ID: SB30B.8089 Date of Disbursement 09 / 30 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 838.55
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Peters	Transaction ID: SB30B.8041 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1200 W. Monroe Avenue	Amount of Each Disbursement this Period 839.00
	City Chicago State IL Zip Code 60607	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Peters	Transaction ID: SB30B.8081 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1200 W. Monroe Avenue	Amount of Each Disbursement this Period 838.55
	City Chicago State IL Zip Code 60607	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2516.10
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Michael Piacenti	Transaction ID: SB30B.8032
	Mailing Address 321 E Cleveland St	Date of Disbursement 09 / 15 / 2010
	City Spring Valley State IL Zip Code 61362	Amount of Each Disbursement this Period 439.25
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Michael Piacenti	Transaction ID: SB30B.8086
	Mailing Address 321 E Cleveland St	Date of Disbursement 09 / 30 / 2010
	City Spring Valley State IL Zip Code 61362	Amount of Each Disbursement this Period 439.67
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Eric Pond	Transaction ID: SB30B.8024
	Mailing Address N Wabash Ave	Date of Disbursement 09 / 15 / 2010
	City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period 790.50
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1669.42
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Eric Pond	Transaction ID: SB30B.8087 Date of Disbursement 09 / 30 / 2010
	Mailing Address N Wabash Ave	
	City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period 790.29
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Quickbooks Payroll Service	Transaction ID: SB30B.8068 Date of Disbursement 09 / 17 / 2010
	Mailing Address PO Box 30005	
	City Reno State NV Zip Code 89520	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Payroll service fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Zenobia Ravji	Transaction ID: SB30B.8113 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1039 Beninford Ln	
	City Westmont State IL Zip Code 60559	Amount of Each Disbursement this Period 664.56
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1554.85
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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Max Renner <hr/> Mailing Address 201 Fleetwood <hr/> City Bloomington State IL Zip Code 61701 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8115 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 643.99
B.	Full Name (Last, First, Middle Initial) Mejia Renzo <hr/> Mailing Address 500 Manda Lane <hr/> City Wheeling State IL Zip Code 60090 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8039 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 790.50
C.	Full Name (Last, First, Middle Initial) Mejia Renzo <hr/> Mailing Address 500 Manda Lane <hr/> City Wheeling State IL Zip Code 60090 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8080 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 790.43

SUBTOTAL of Disbursements This Page (optional) ▶

2224.92

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A. Full Name (Last, First, Middle Initial) Michael Reynertson <hr/> Mailing Address 43 W 191 Faireno <hr/> City Elburn State IL Zip Code 60119 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8124 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.97
B. Full Name (Last, First, Middle Initial) Michael Reynertson <hr/> Mailing Address 43 W 191 Faireno <hr/> City Elburn State IL Zip Code 60119 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8117 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1001.62
C. Full Name (Last, First, Middle Initial) Phil Rudd <hr/> Mailing Address 709 North Avenue <hr/> City Waukegan State IL Zip Code 60085 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8028 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 790.50

SUBTOTAL of Disbursements This Page (optional) ▶

2293.09

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Phil Rudd	Transaction ID: SB30B.8098
	Mailing Address 709 North Avenue	Date of Disbursement 09 / 30 / 2010
	City Waukegan State IL Zip Code 60085	Amount of Each Disbursement this Period 790.43
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eugene Sowa	Transaction ID: SB30B.8040
	Mailing Address 901 N Roy Ave	Date of Disbursement 09 / 15 / 2010
	City Melrose Park State IL Zip Code 60164	Amount of Each Disbursement this Period 840.25
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eugene Sowa	Transaction ID: SB30B.8100
	Mailing Address 901 N Roy Ave	Date of Disbursement 09 / 30 / 2010
	City Melrose Park State IL Zip Code 60164	Amount of Each Disbursement this Period 838.55
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2469.23
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Steven Spagnolo</p> <p>Mailing Address 8417 Crescent Court</p> <p>City Willow Springs State IL Zip Code 60480</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8033</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="836.40"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Steven Spagnolo</p> <p>Mailing Address 8417 Crescent Court</p> <p>City Willow Springs State IL Zip Code 60480</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8101</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="836.05"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ramachandra Villvalam</p> <p>Mailing Address 1319 Ada Lane</p> <p>City Naperville State IL Zip Code 60540</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB30B.8050</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="913.35"/></p>

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)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Ramachandra Villvalam <hr/> Mailing Address 1319 Ada Lane <hr/> City Naperville State IL Zip Code 60540 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8099 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 912.90
B.	Full Name (Last, First, Middle Initial) Robin Whitted <hr/> Mailing Address 108 W Marion St <hr/> City Joliet State IL Zip Code 60436 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8150 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 618.68
C.	Full Name (Last, First, Middle Initial) Matthew Willey <hr/> Mailing Address 541 Meadows Drive South <hr/> City Bourbonnais State IL Zip Code 60914 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8047 Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 764.65

SUBTOTAL of Disbursements This Page (optional) ▶

2296.23

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Matthew Willey	Transaction ID: SB30B.8102 Date of Disbursement 09 / 30 / 2010
	Mailing Address 541 Meadows Drive South	Amount of Each Disbursement this Period 664.56
	City Bourbannais State IL Zip Code 60914	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ty Williams	Transaction ID: SB30B.8119 Date of Disbursement 09 / 30 / 2010
	Mailing Address 608 Bayliss Drive	Amount of Each Disbursement this Period 805.88
	City Richmond State VA Zip Code 23235	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dionte Yarborough	Transaction ID: SB30B.8121 Date of Disbursement 09 / 30 / 2010
	Mailing Address 219 North Hickory St.	Amount of Each Disbursement this Period 641.75
	City Joliet State IL Zip Code 60435	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2112.19
TOTAL This Period (last page this line number only)	52692.61