

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
CITIZENS FOR THERESA KORMOS

ADDRESS (number and street) PO BOX 672
 Check if different than previously reported. (ACC) O'FALLON IL 62269

2. **FEC IDENTIFICATION NUMBER** C C00505073 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) IL 12

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 03 / 20 / 2012 in the State of IL
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 03 / 20 / 2012 in the State of IL

5. Covering Period 01 / 01 / 2012 through 02 / 29 / 2012

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 Tonya Shorter
Signature of Treasurer Tonya Shorter *[Electronically Filed]* Date 03 / 08 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR THERESA KORMOS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5651.80	7601.93
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5651.80	7601.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23988.15	44631.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23988.15	44631.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2670.92	
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).....	39700.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CITIZENS FOR THERESA KORMOS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3500.00	5010.00
(ii) Unitemized.....	2151.80	2591.93
(iii) TOTAL of contributions from individuals ▶	5651.80	7601.93
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5651.80	7601.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	14700.00	39700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14700.00	39700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20351.80	47301.93

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23988.15	44631.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23988.15	44631.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6307.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20351.80
25. SUBTOTAL (add Line 23 and Line 24).....	26659.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23988.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2670.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

A. Full Name (Last, First, Middle Initial)
Greg Fox

Mailing Address 24 Upper ladue

City St. Louis State MO Zip Code 63124

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

Name of Employer Harbor Group Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
 250.00
 donation

B. Full Name (Last, First, Middle Initial)
Jay Hyken

Mailing Address 1201 Bellvue

City St.Louis State MO Zip Code 63117

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

Name of Employer Self Occupation Psychotherapist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
 250.00
 donation

C. Full Name (Last, First, Middle Initial)
david lashley

Mailing Address 11 Lashley Estatea

City Belleville State IL Zip Code 62221

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

Name of Employer self Occupation Vet/Kennel Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2012

Transaction ID : SA11AI.4426

Amount of Each Receipt this Period
 500.00
 donation

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31			
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

A. Full Name (Last, First, Middle Initial)
Robert Lingafelt

Mailing Address 1723 Scalp

City Johnston State PA Zip Code 15904

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

Name of Employer Hershbergers Dairy Occupation Dairy delivery

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period
 250.00
 donation

B. Full Name (Last, First, Middle Initial)
Troy Pohlman

Mailing Address 36 Briar Cliff

City Ladue State MS Zip Code 63124

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

Name of Employer Self Occupation Compenet Bar Products

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period
 250.00
 donation

C. Full Name (Last, First, Middle Initial)
Adam Sky

Mailing Address 1201 Bellevue Ave.

City St. Louis State MO Zip Code 63117

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

Name of Employer Self Occupation Phsician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2012

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
 2000.00
 donation

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

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

2500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Theresa Kormos		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2012	
Mailing Address 1204 Shadow Ridge Crossing		Transaction ID : SA13A.4477	
City O'Fallon State IL Zip Code 62269	Amount of Each Receipt this Period _____ 5000.00		
FEC ID number of contributing federal political committee. C	Loan		
Name of Employer Sky and Ziaee Mds Occupation nurse	Amount of Each Receipt this Period _____ 5000.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 30150.00		

Full Name (Last, First, Middle Initial) B. Theresa Kormos		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 22 / 2012	
Mailing Address 1204 Shadow Ridge Crossing		Transaction ID : SA13A.4478	
City O'Fallon State IL Zip Code 62269	Amount of Each Receipt this Period _____ 5000.00		
FEC ID number of contributing federal political committee. C	loan		
Name of Employer Sky and Ziaee Mds Occupation nurse	Amount of Each Receipt this Period _____ 5000.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 35150.00		

Full Name (Last, First, Middle Initial) C. Theresa Kormos		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 25 / 2012	
Mailing Address 1204 Shadow Ridge Crossing		Transaction ID : SA13A.4479	
City O'Fallon State IL Zip Code 62269	Amount of Each Receipt this Period _____ 4700.00		
FEC ID number of contributing federal political committee. C	loan		
Name of Employer Sky and Ziaee Mds Occupation nurse	Amount of Each Receipt this Period _____ 4700.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 39850.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 14700.00
TOTAL This Period (last page this line number only).....	_____ 14700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. 17th Street Bar and Grill		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address 1711 Highway 50		Amount of Each Disbursement this Period 365.45 Transaction ID : SB17.4346
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement FOOD meet and greet	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 32.01 Transaction ID : SB17.4276
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement printing services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 23.94 Transaction ID : SB17.4293
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement pinting services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	421.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Allegra Printing			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012	
Mailing Address 115 N. Lincoln			Amount of Each Disbursement this Period 53.71	
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4299	
Purpose of Disbursement printing services		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) B. Allegra Printing			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012	
Mailing Address 115 N. Lincoln			Amount of Each Disbursement this Period 591.02	
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4303	
Purpose of Disbursement printing services		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) c. Allegra Printing			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012	
Mailing Address 115 N. Lincoln			Amount of Each Disbursement this Period 95.00	
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4329	
Purpose of Disbursement printing services		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	739.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 88.12
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement printing services	
Candidate Name		Transaction ID : SB17.4330
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Allegra Printing		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 18.62
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement printingservice	
Candidate Name		Transaction ID : SB17.4363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Ameren		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address PO Box 66884		Amount of Each Disbursement this Period 142.03
City St. Louis State MO Zip Code 63166	Purpose of Disbursement monthly service charges	
Candidate Name		Transaction ID : SB17.4368
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	248.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. American Airlines			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012
Mailing Address P O Box 619612 MD 2400			Amount of Each Disbursement this Period 490.40 Transaction ID : SB17.4263
City DFW Airport	State TX	Zip Code 75261	
Purpose of Disbursement Airline Ticket		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:			

Full Name (Last, First, Middle Initial) B. Brick House Grill			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2012
Mailing Address 308 S Main			Amount of Each Disbursement this Period 377.25 Transaction ID : SB17.4309
City Anna	State IL	Zip Code 62906	
Purpose of Disbursement event		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Butler's Board Room			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1414 Park Ave.			Amount of Each Disbursement this Period 372.91 Transaction ID : SB17.4301
City St. Louis	State MO	Zip Code 63104	
Purpose of Disbursement catering		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1240.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Campaign and Issue Management		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 292 San Diego Rd		Amount of Each Disbursement this Period 4972.78 Transaction ID : SB17.4365
City Carbondale	State IL	
Zip Code 62902	Purpose of Disbursement Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 47.44 Transaction ID : SB17.4451
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement monthly service charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 149.99 Transaction ID : SB17.4332
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement monthly service fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5170.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2012
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 47.44
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement monthly service charges	Transaction ID : SB17.4348
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Illinois Dept. of Financial and Professional Registration		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 320 W. Washington St.		Amount of Each Disbursement this Period 139.74
City Springfield	State IL	
Zip Code 62786	Purpose of Disbursement data base purchase	Transaction ID : SB17.4254
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Ned's Properties		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 1025.00
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement rent	Transaction ID : SB17.4311
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1212.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Ned's Properties		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 1025.00 Transaction ID : SB17.4370
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement rent	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 15.70 Transaction ID : SB17.4248
City Fairview Heights State IL Zip Code 62208	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Office Max		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 61.14 Transaction ID : SB17.4274
City Fairview Heights State IL Zip Code 62208	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1101.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 103.98
City Fairview Heights	State IL	
Zip Code 62208	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4292
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 56.32
City Fairview Heights	State IL	
Zip Code 62208	Purpose of Disbursement office supplies	Transaction ID : SB17.4474
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Payroll Central		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 1107 Frontage Rd.		Amount of Each Disbursement this Period 34.75
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement payroll fee	Transaction ID : SB17.4376
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	195.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 305.60 Transaction ID : SB17.4257
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement reimbursement for expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.12 Transaction ID : SB17.4266
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.13 Transaction ID : SB17.4268
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement payroll tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1290.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 71.20 Transaction ID : SB17.4269
City Carlenville	State IL	
Purpose of Disbursement payroll fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 137.26 Transaction ID : SB17.4306
City Carlenville	State IL	
Purpose of Disbursement	Candidate Name	Category/ Type
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:		

Full Name (Last, First, Middle Initial) C. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.12 Transaction ID : SB17.4326
City Carlenville	State IL	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	890.58
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.13 Transaction ID : SB17.4327
City Carlenville	State IL	
Purpose of Disbursement payroll tax		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 247.09 Transaction ID : SB17.4318
City Carlenville	State IL	
Purpose of Disbursement reimbursement for expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 294.44 Transaction ID : SB17.4352
City Carlenville	State IL	
Purpose of Disbursement reimbursement for expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	844.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.12 Transaction ID : SB17.4353
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement pay roll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement MM / DD / YYYY 02 / 14 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.13 Transaction ID : SB17.4354
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement pay roll tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jarad Perry		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.13 Transaction ID : SB17.4374
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1667.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Jarad Perry		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.11 Transaction ID : SB17.4375
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement payroll tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jarad Perry		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 220.80 Transaction ID : SB17.4373
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement reimbursement expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Post Office		Date of Disbursement MM / DD / YYYY 01 / 17 / 2012
Mailing Address 1111 S. Lincoln Ave.		Amount of Each Disbursement this Period 352.00 Transaction ID : SB17.4272
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	875.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 01 / 25 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage		Amount of Each Disbursement this Period 570.00
Candidate Name		Transaction ID : SB17.4300
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 01 / 31 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage		Amount of Each Disbursement this Period 460.18
Candidate Name		Transaction ID : SB17.4323
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 06 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage		Amount of Each Disbursement this Period 200.00
Candidate Name		Transaction ID : SB17.4337
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1230.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 06 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage	Candidate Name	Amount of Each Disbursement this Period 225.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.4338

Full Name (Last, First, Middle Initial) B. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 08 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage	Candidate Name	Amount of Each Disbursement this Period 450.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.4343

Full Name (Last, First, Middle Initial) C. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 09 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement po box rent	Candidate Name	Amount of Each Disbursement this Period 38.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.4342

SUBTOTAL of Disbursements This Page (optional).....	713.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 21 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage	Amount of Each Disbursement this Period 270.00	
Candidate Name	Transaction ID : SB17.4360	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 22 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage	Amount of Each Disbursement this Period 225.00	
Candidate Name	Transaction ID : SB17.4361	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. Post Office		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 29 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage	Amount of Each Disbursement this Period 450.00	
Candidate Name	Transaction ID : SB17.4371	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	945.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Radio Shack		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 129 St. Clair Square		Amount of Each Disbursement this Period 219.17
City Fairview Heights	State IL Zip Code 62208	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.4249
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2012
Mailing Address Hwy 50		Amount of Each Disbursement this Period 21.82
City O'Fallon	State IL Zip Code 62269	
Purpose of Disbursement office supplies	Candidate Name	Transaction ID : SB17.4258
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address Hwy 50		Amount of Each Disbursement this Period 36.68
City O'Fallon	State IL Zip Code 62269	
Purpose of Disbursement office supplies	Candidate Name	Transaction ID : SB17.4288
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	277.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address Hwy 50		Amount of Each Disbursement this Period 40.96
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Transaction ID : SB17.4334
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2012
Mailing Address Hwy 50		Amount of Each Disbursement this Period 36.33
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Transaction ID : SB17.4356
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tamarack Woods Apartments		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1028.00
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement rent	Transaction ID : SB17.4312
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1105.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Tamarack Woods Apartments		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1028.00 Transaction ID : SB17.4369
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Liason Hotel		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 415 New Jersey St.		Amount of Each Disbursement this Period 566.52 Transaction ID : SB17.4294
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement hotel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2012
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 58.02 Transaction ID : SB17.4321
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1652.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR THERESA KORMOS

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 45.04
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	Transaction ID : SB17.4331
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 19.09
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	Transaction ID : SB17.4333
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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).....	64.13
TOTAL This Period (last page this line number only).....	21886.93

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4235

CITIZENS FOR THERESA KORMOS

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

Theresa Kormos

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

1204 Shadow Ridge Crossing

City

State

ZIP Code

O'Fallon

IL

62269

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M 11 / D 03 / Y 2011

Date Due

M / D / Y 02/01/2013

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4477

CITIZENS FOR THERESA KORMOS

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

Theresa Kormos

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address

1204 Shadow Ridge Crossing

City

State

ZIP Code

O'Fallon

IL

62269

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

01 / 27 / 2012

Date Due

02/01/2013

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR THERESA KORMOS** Transaction ID : **SC/10.4478**

LOAN SOURCE Full Name (Last, First, Middle Initial) Theresa Kormos	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1204 Shadow Ridge Crossing	

City	State	ZIP Code
O'Fallon	IL	62269

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 22 / 2012	2/1/13	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR THERESA KORMOS** Transaction ID : **SC/10.4479**

LOAN SOURCE Full Name (Last, First, Middle Initial) Theresa Kormos	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1204 Shadow Ridge Crossing	

City	State	ZIP Code
O'Fallon	IL	62269

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4700.00	0.00	4700.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 25 / 2012	2/1/13	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	4700.00
TOTALS This Period (last page in this line only).....	39700.00

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