

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

Illinois Political Active Letter Carriers

ADDRESS (number and street) P.O. Box 561

Check if different than previously reported. (ACC) Orland Park IL 60462

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00264689

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 02 2010 in the State of IL

5. Covering Period 10 01 2010 through 11 22 2010

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

Type or Print Name of Treasurer Mr. Jack Heniff

Signature of Treasurer Electronically Filed by Mr. Jack Heniff Date 11 24 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Illinois Political Active Letter Carriers

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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		61686.04
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	73701.80									
(c) Total Receipts (from Line 19)	5877.17	51059.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79578.97	112745.18								
7. Total Disbursements (from Line 31)	6768.93	39935.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	72810.04	72810.04								
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 Political Active Letter Carriers

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	2275.00	14396.00
(ii) Unitemized	3602.17	36663.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5877.17	51059.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5877.17	51059.14
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5877.17	51059.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5877.17	51059.14

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.....	1768.93	7710.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1768.93	7710.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	11850.00
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.....	4500.00	20375.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6768.93	39935.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6768.93	39935.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5877.17	51059.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5877.17	51059.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1768.93	7710.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1768.93	7710.14

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

<p>A. Full Name (Last, First, Middle Initial) Andrew Bae</p> <p>Mailing Address 1026 Castilian Ct 116</p> <p>City State Zip Code Glenview IL 60025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation USPS Letter Carrier</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2010</p> <p>Transaction ID: SA11AI.11363</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Chistopher Bartech</p> <p>Mailing Address 504 S. Washington St</p> <p>City State Zip Code Cerro Gardo IL 61818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation USPS Letter Carrier</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2010</p> <p>Transaction ID: SA11AI.11360</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael Caref</p> <p>Mailing Address 6150 N. Hoyme 2nd Flr</p> <p>City State Zip Code Chicago IL 60659</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation USPS Letter Carrier</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2010</p> <p>Transaction ID: SA11AI.11372</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A. Full Name (Last, First, Middle Initial)
Ken Christy

Mailing Address 1110 Laurel Dr

City Aurora State IL Zip Code 60506

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

Name of Employer USPS Occupation Letter Carrier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.11355
 Amount of Each Receipt this Period: 125.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Ken Christy

Mailing Address 1110 Laurel Dr

City Aurora State IL Zip Code 60506

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

Name of Employer USPS Occupation Letter Carrier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt: 10 / 31 / 2010
Transaction ID: SA11AI.11395
 Amount of Each Receipt this Period: 10.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Ken Christy

Mailing Address 1110 Laurel Dr

City Aurora State IL Zip Code 60506

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

Name of Employer USPS Occupation Letter Carrier

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 11 / 07 / 2010
Transaction ID: SA11AI.11338
 Amount of Each Receipt this Period: 25.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 / 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial) David Colegrove		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 106 E Jefferson St 61		Transaction ID: SA11AI.11343
City Shorewood	State ID	Zip Code 60431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer USPS	Occupation Letter Carrier	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) David Colegrove		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 106 E Jefferson St 61		Transaction ID: SA11AI.11344
City Shorewood	State ID	Zip Code 60431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer USPS	Occupation Letter Carrier	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.

Full Name (Last, First, Middle Initial) David Colegrove		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 106 E Jefferson St 61		Transaction ID: SA11AI.11380
City Shorewood	State ID	Zip Code 60431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer USPS	Occupation Letter Carrier	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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 Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) David Colegrove		Date of Receipt
	Mailing Address 106 E Jefferson St 61		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Shorewood	ID	60431
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11370
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00	<input type="text"/> 50.00
Contribution			

B.	Full Name (Last, First, Middle Initial) Mike Dising		Date of Receipt
	Mailing Address 1516 N Ridge		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Arlington Hqts	IL	60004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11399
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00
Contribution			

C.	Full Name (Last, First, Middle Initial) Linda Freeman		Date of Receipt
	Mailing Address 8115 S. Elizabeth		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Chicago	ID	60620
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11354
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00	<input type="text"/> 125.00
Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 195.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)
Linda Freeman

Mailing Address 8115 S. Elizabeth

City State Zip Code
Chicago ID 60620

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

Name of Employer Occupation
USPS Letter Carrier

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.11388

Amount of Each Receipt this Period
20.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Linda Freeman

Mailing Address 8115 S. Elizabeth

City State Zip Code
Chicago ID 60620

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

Name of Employer Occupation
USPS Letter Carrier

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.11396

Amount of Each Receipt this Period
15.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Sandra Gleim

Mailing Address 10740 Chicago Ridge Way

City State Zip Code
Roscoe IL 61073

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

Name of Employer Occupation
USPS Letter Carrier

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.11362

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **285.00**

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 11 / 21
	<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 Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) Scott Haney	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 207 Buena Vista	Transaction ID: SA11AI.11385
	City State Zip Code Bartonville IL 62644	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation USPS Letter Carrier	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Mary Kluber	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1170 Trask Rd	Transaction ID: SA11AI.11340
	City State Zip Code Aurora IL 60505	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation USPS Letter Carrier	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

C.	Full Name (Last, First, Middle Initial) Isabella Levi	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 4824 W Wabansia	Transaction ID: SA11AI.11336
	City State Zip Code Chicago IL 60639	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation USPS Letter Carrier	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	360.00
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 12 / 21	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) Julie McAams		Date of Receipt
	Mailing Address 705 High St		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jerseyville	ID	62062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11377
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
		<input type="text" value="300.00"/>	Contribution

B.	Full Name (Last, First, Middle Initial) Julie McAams		Date of Receipt
	Mailing Address 705 High St		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jerseyville	ID	62062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11384
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="310.00"/>	Contribution

C.	Full Name (Last, First, Middle Initial) Julie McAams		Date of Receipt
	Mailing Address 705 High St		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Jerseyville	ID	62062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11398
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
		<input type="text" value="335.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A. Full Name (Last, First, Middle Initial)
Margaret Parker

Mailing Address 57 Amesbury Rd

City State Zip Code
Montgomery ID 60538

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

Name of Employer Occupation
USPS Letter Carrier

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.11387

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
Kelly Pruka

Mailing Address 4113 N Port Dr

City State Zip Code
Rockford IL 61107

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

Name of Employer Occupation
USPS Letter Carrier

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.11365

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Jim Sharkey

Mailing Address 178 W. 16th St.
Apt.2

City State Zip Code
Chicago Hgts. IL 60411

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

Name of Employer Occupation
Retired,USPS Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.11342

Amount of Each Receipt this Period
50.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 14 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) Rob Whitehead		Date of Receipt
	Mailing Address 11520 Bryn Maur Way		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mokena	IL	60448
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11383
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	<input type="text" value="50.00"/>
			Contribution

B.	Full Name (Last, First, Middle Initial) Rob Whitehead		Date of Receipt
	Mailing Address 11520 Bryn Maur Way		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mokena	IL	60448
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11401
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	<input type="text" value="20.00"/>
			Contribution

C.	Full Name (Last, First, Middle Initial) Paula Wiegand		Date of Receipt
	Mailing Address 34072 Regan Rd		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Deer Creek	IL	61733
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11359
Name of Employer USPS		Occupation Letter Carrier	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="320.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2275.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 21

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

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) AT & T Mailing Address Bill Payment Center City State Zip Code Saginaw WI 48663 Purpose of Disbursement Telephone Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.11305 Date of Disbursement 10 / 11 / 2010 Amount of Each Disbursement this Period 19.33 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) AT & T Mailing Address Bill Payment Center City State Zip Code Saginaw WI 48663 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.11307 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 51.99 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) AT & T Mailing Address Bill Payment Center City State Zip Code Saginaw WI 48663 Purpose of Disbursement Computer Access Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.11308 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 75.00 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

146.32

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 Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: SB21B.11311 Date of Disbursement
	Mailing Address Bill Payment Center	<input type="text" value="11"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saginaw State WI Zip Code 48663	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Fax	<input type="text" value="19.59"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: SB21B.11368 Date of Disbursement
	Mailing Address Bill Payment Center	<input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saginaw State WI Zip Code 48663	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer Access	<input type="text" value="75.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT & T	Transaction ID: SB21B.11369 Date of Disbursement
	Mailing Address Bill Payment Center	<input type="text" value="11"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Saginaw State WI Zip Code 48663	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone	<input type="text" value="51.89"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="146.48"/>
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)

PAGE 17 / 21

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

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) K-Mart Mailing Address 1608 36th St City Peru State IL Zip Code 61354 Purpose of Disbursement Promotional Items Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11318 Date of Disbursement 11 / 10 / 2010 Amount of Each Disbursement this Period 240.71 Category/Type: 003
B.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address Orland Park Post Office City Orland Park State IL Zip Code 60462 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11306 Date of Disbursement 10 / 13 / 2010 Amount of Each Disbursement this Period 352.00 Category/Type: 001
C.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address Orland Park Post Office City Orland Park State IL Zip Code 60462 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11313 Date of Disbursement 11 / 10 / 2010 Amount of Each Disbursement this Period 44.00 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

636.71

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

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

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) Sportacular	Transaction ID: SB21B.11314 Date of Disbursement 11 / 10 / 2010
	Mailing Address 3940 Rt. 251	Amount of Each Disbursement this Period 213.89
	City Peru State IL Zip Code 61354	
	Purpose of Disbursement Promotional Items	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.11312 Date of Disbursement 11 / 10 / 2010
	Mailing Address 16189 S Harlem	Amount of Each Disbursement this Period 106.32
	City Tinley Park State IL Zip Code 60477	
	Purpose of Disbursement Office Supplies	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.11321 Date of Disbursement 11 / 10 / 2010
	Mailing Address 3900 Rt 251	Amount of Each Disbursement this Period 288.31
	City Peru State IL Zip Code 61354	
	Purpose of Disbursement Promotional Items	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	608.52
TOTAL This Period (last page this line number only)	1538.03

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

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

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)
FOSTER, G. WILLIAM (BIL

Transaction ID: SB23.11294
Date of Disbursement

Mailing Address POB 703

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

City Geneva State IL Zip Code 60134

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

--

Candidate Name
FOSTER, G. WILLIAM (BIL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 14

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

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

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.	Full Name (Last, First, Middle Initial) FOSTER, G. WILLIAM (BIL)	Transaction ID: SB29.11304
	Mailing Address POB 703	Date of Disbursement 10 / 11 / 2010
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name FOSTER, G. WILLIAM (BIL)	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 14	

B.	Full Name (Last, First, Middle Initial) Kelly Robin Friends of	Transaction ID: SB29.11295
	Mailing Address 156 Towncenter Dr	Date of Disbursement 10 / 11 / 2010
	City Matteson State IL Zip Code 60443	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Friends of Robin Kelly	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Kilbride for Supreme Court Judge Committee	Transaction ID: SB29.11301
	Mailing Address POB 3734	Date of Disbursement 10 / 13 / 2010
	City Rock Island State IL Zip Code 61204	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Kilbride for Supreme Court Judge Committee	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District:	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

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

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NAME OF COMMITTEE (In Full)
Illinois Political Active Letter Carriers

A.

Full Name (Last, First, Middle Initial)
Kilbride for Supreme Court Judge Committee

Transaction ID: SB29.11309

Date of Disbursement

Mailing Address POB 3734

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

City State Zip Code
Rock Island IL 61204

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
Kilbride for Supreme Court Judge Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District:

B.

Full Name (Last, First, Middle Initial)
Madigan Lisa Citizens for

Transaction ID: SB29.11298

Date of Disbursement

Mailing Address 500 N. Dearborn
Suite 510

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

City State Zip Code
Chicago IL 60654

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

--

Candidate Name
Citizens for Lisa Madigan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

4500.00
