

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR THERESA KORMOS

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

	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))....	1950.13	1950.13
(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)).....	1950.13	1950.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20642.86	20642.86
(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)).....	20642.86	20642.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6307.27	
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).....	25000.00	

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).....	1510.00	1510.00
(ii) Unitemized.....	440.13	440.13
(iii) TOTAL of contributions from individuals ▶	1950.13	1950.13
(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))..	1950.13	1950.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	25000.00	25000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	25000.00	25000.00
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)..... ▶	26950.13	26950.13

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20642.86	20642.86
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) ►	20642.86	20642.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26950.13
25. SUBTOTAL (add Line 23 and Line 24).....	26950.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20642.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6307.27

**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 24
	<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)
Vadim Baram

Mailing Address 12 Tristan Terrace

City St. Charles State MO Zip Code 63303

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

Name of Employer self employed Occupation physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Mark Kormos

Mailing Address 2660 Cast Off Loop

City Woodbridge State VA Zip Code 22191

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

Name of Employer DOD GS Occupation teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2011

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Crawford Moss

Mailing Address 3 Ryan Circle

City Lebanan State IL Zip Code 62254

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
 260.00

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

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

1510.00

1510.00

**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 24
	<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

A. Full Name (Last, First, Middle Initial)
Theresa Kormos

Mailing Address 1204 Shadow Ridge Crossing

City O'Fallon State IL Zip Code 62269

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

Name of Employer Sky and Ziaee Mds Occupation nurse

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **25150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 03 / 2011

Transaction ID : SA13A.4235

Amount of Each Receipt this Period
25000.00
 campaign loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

25000.00

25000.00

**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 7 OF 24			
	<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 12 / 27 / 2011		
Mailing Address 115 N. Lincoln			Amount of Each Disbursement this Period 493.81		
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4179		
Purpose of Disbursement printing services		Category/ Type			
Candidate Name					
Office Sought:	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 12 / 27 / 2011		
Mailing Address 115 N. Lincoln			Amount of Each Disbursement this Period 485.13		
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4181		
Purpose of Disbursement printing services		Category/ Type			
Candidate Name					
Office Sought:	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 12 / 27 / 2011		
Mailing Address 115 N. Lincoln			Amount of Each Disbursement this Period 857.79		
City O'Fallon	State IL	Zip Code 62269	Transaction ID : SB17.4182		
Purpose of Disbursement printing services		Category/ Type			
Candidate Name					
Office Sought:	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).....	1836.79
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 8 OF 24	
	<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 12 / 27 / 2011
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 448.99 Transaction ID : SB17.4183
City O'Fallon State IL Zip Code 62269	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. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 248.99 Transaction ID : SB17.4118
City St. Louis State MO Zip Code 63179	Purpose of Disbursement installation and monthly charges	
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. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 149.99 Transaction ID : SB17.4169
City St. Louis State MO Zip Code 63179	Purpose of Disbursement monthly service charge	
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).....	448.99
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 24			
	<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 12 / 27 / 2011
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 147.42 Transaction ID : SB17.4184
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement monthly service charges	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. Dierbergs		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 4000 Green Mount Crossing		Amount of Each Disbursement this Period 334.85 Transaction ID : SB17.4131
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement headquarter open house food	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. Enterprise Rent a Car		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2011
Mailing Address 909 W US Hwy 50		Amount of Each Disbursement this Period 195.93 Transaction ID : SB17.4153
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement rental car	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).....	678.20
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 24	
	<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. Enterprise Rent a Car		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 909 W US Hwy 50		Amount of Each Disbursement this Period 81.93
City O'Fallon	State IL Zip Code 62269	
Purpose of Disbursement rental car	Candidate Name	Transaction ID : SB17.4165
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. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2011
Mailing Address 1706 W US Hwy 50		Amount of Each Disbursement this Period 13.85
City O'Fallon	State IL Zip Code 62269	
Purpose of Disbursement parade supplies	Candidate Name	Transaction ID : SB17.4158
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. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2011
Mailing Address 1706 W US Hwy 50		Amount of Each Disbursement this Period 26.88
City O'Fallon	State IL Zip Code 62269	
Purpose of Disbursement office supplies	Candidate Name	Transaction ID : SB17.4164
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	122.66
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 11 OF 24	
	<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. Illinois Dept. of Financial and Professional Registration		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 320 W. Washington St.		Amount of Each Disbursement this Period 503.23 Transaction ID : SB17.4170
City Springfield State IL Zip Code 62786	Purpose of Disbursement database purchase	
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. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2011
Mailing Address 6211 N. Illinois		Amount of Each Disbursement this Period 408.70 Transaction ID : SB17.4116
City Fairview Heights State IL Zip Code 66208	Purpose of Disbursement office supplies	
Candidate Name	Category/Type 001	
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. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 6211 N. Illinois		Amount of Each Disbursement this Period 35.67 Transaction ID : SB17.4137
City Fairview Heights State IL Zip Code 66208	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).....	947.60
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 24			
	<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. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 6211 N. Illinois		Amount of Each Disbursement this Period 21.33
City Fairview Heights	State IL	
Zip Code 66208	Purpose of Disbursement office supplies	Transaction ID : SB17.4145
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. Lowe's		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2011
Mailing Address 6211 N. Illinois		Amount of Each Disbursement this Period 12.81
City Fairview Heights	State IL	
Zip Code 66208	Purpose of Disbursement parade supplies	Transaction ID : SB17.4163
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 11 / 04 / 2011
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 2025.00
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement security deposit and rent	Transaction ID : SB17.4102
Candidate Name	Category/ Type 001	
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).....	2059.14
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 24			
	<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 11 / 30 / 2011
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 1025.00 Transaction ID : SB17.4160
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. Ned's Properties		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 1025.00 Transaction ID : SB17.4186
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) c. Office Max		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 544.08 Transaction ID : SB17.4104
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).....	2594.08
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 24	
	<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 11 / 06 / 2011
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 34.49
City Fairview Heights	State IL	
Zip Code 62208	Purpose of Disbursement office supplies	Transaction ID : SB17.4111
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. Jodie Osinga		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 88.45
City Carterville	State IL	
Zip Code 62918	Purpose of Disbursement salary	Transaction ID : SB17.4207
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. Jodie Osinga		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 22.49
City Carterville	State IL	
Zip Code 62918	Purpose of Disbursement salary taxes	Transaction ID : SB17.4208
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).....	145.43
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 24	
	<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. PC Surgeons		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 1724 North Lindbergh		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4122
City St. Louis	State MO	
Zip Code 63132	Purpose of Disbursement computers	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. PC Surgeons		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 1724 North Lindbergh		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4138
City St. Louis	State MO	
Zip Code 63132	Purpose of Disbursement computers	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 11 / 10 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 388.19 Transaction ID : SB17.4191
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:	

SUBTOTAL of Disbursements This Page (optional).....	928.19
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 24	
	<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 11 / 15 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.39 Transaction ID : SB17.4195
City Carlenville	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) B. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 271.93 Transaction ID : SB17.4197
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement payroll taxes	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 11 / 26 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 175.11 Transaction ID : SB17.4203
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement expenses reimbursement	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).....	1128.43
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 24	
	<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 11 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.39 Transaction ID : SB17.4205
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement salary	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 11 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 299.06 Transaction ID : SB17.4206
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement salary taxes	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 12 / 08 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 249.50 Transaction ID : SB17.4209
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement expenses reimbursement	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).....	1229.95
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 24			
	<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 12 / 14 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.39
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement salary	Transaction ID : SB17.4211
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 12 / 14 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 317.79
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement salary taxes	Transaction ID : SB17.4212
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. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 245.79
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement expenses reimbursement	Transaction ID : SB17.4213
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).....	1244.97
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 24			
	<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 12 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 681.40 Transaction ID : SB17.4216
City Carlenville	State IL	
Purpose of Disbursement salary	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 12 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 299.04 Transaction ID : SB17.4217
City Carlenville	State IL	
Purpose of Disbursement salary taxes	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. Jarad Perry		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 195.46 Transaction ID : SB17.4218
City Carlenville	State IL	
Purpose of Disbursement expense reimbursement	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).....	1175.90
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 24	
	<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 12 / 17 / 2011
Mailing Address Hwy 50		Amount of Each Disbursement this Period 56.80
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Transaction ID : SB17.4173
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. Suburban Extended Stay		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 148 Regency Park		Amount of Each Disbursement this Period 960.00
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement rent	Transaction ID : SB17.4189
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 11 / 22 / 2011
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 235.00
City Shiloh	State IL	
Zip Code 62269	Purpose of Disbursement rent	Transaction ID : SB17.4146
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).....	1251.80
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 24	
	<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 11 / 29 / 2011
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1093.73 Transaction ID : SB17.4159
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. Tamarack Woods Apartments		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1028.00 Transaction ID : SB17.4187
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) c. Target		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2011
Mailing Address 3400 Green Mount Crossing		Amount of Each Disbursement this Period 51.38 Transaction ID : SB17.4110
City Shiloh	State IL	
Zip Code 66269	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)	2173.11
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 24			
	<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. Target		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 3400 Green Mount Crossing		Amount of Each Disbursement this Period 48.28
City Shiloh	State IL	
Zip Code 66269	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:	

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 489.37
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:	

Full Name (Last, First, Middle Initial) c. Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2011
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 88.22
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Category/ Type 001
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).....	625.87
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 24			
	<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
Mailing Address 1530 W US hwy 50		M M / D D / Y Y Y Y 11 / 22 / 2011
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement office supplies	Amount of Each Disbursement this Period 121.39
Candidate Name CITIZENS FOR THERESA KORMOS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4148
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 12	

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

SUBTOTAL of Disbursements This Page (optional).....	121.39
TOTAL This Period (last page this line number only).....	18712.43

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR THERESA KORMOS** Transaction ID : **SC/10.4235**

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
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 03 / 2011	02/01/2013	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).....	25000.00
TOTALS This Period (last page in this line only).....	25000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	