

# 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 ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
IL 12

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

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

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Tonya Shorter  
Signature of Treasurer Tonya Shorter [Electronically Filed] Date 03 / 16 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**CITIZENS FOR THERESA KORMOS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5651.80	7601.93
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5651.80	7601.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24110.99	44827.56
(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)).....	24110.99	44827.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2474.37	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	39700.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CITIZENS FOR THERESA KORMOS**

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

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

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24110.99	44827.56
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24110.99	44827.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6233.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20351.80
25. SUBTOTAL (add Line 23 and Line 24).....	26585.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24110.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2474.37

**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 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR THERESA KORMOS**

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

Mailing Address 24 Upper ladue

City St. Louis State MO Zip Code 63124

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

Name of Employer Harbor Group Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4430**

Amount of Each Receipt this Period  
 250.00  
 donation

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

Mailing Address 1201 Bellvue

City St. Louis State MO Zip Code 63117

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

Name of Employer Self Occupation Psychotherapist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
 250.00  
 donation

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

Mailing Address 11 Lashley Estatea

City Belleville State IL Zip Code 62221

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

Name of Employer self Occupation Vet/Kennel Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4426**

Amount of Each Receipt this Period  
 500.00  
 donation

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<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)  
**Robert Lingafelt**

Mailing Address 1723 Scalp

City Johnston State PA Zip Code 15904

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

Name of Employer Hershbergers Dairy Occupation Dairy delivery

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4424**

Amount of Each Receipt this Period  
 250.00  
 donation

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

Mailing Address 36 Briar Cliff

City Ladue State MS Zip Code 63124

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

Name of Employer Self Occupation Compenet Bar Products

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.4419**

Amount of Each Receipt this Period  
 250.00  
 donation

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

Mailing Address 1201 Bellevue Ave.

City St. Louis State MO Zip Code 63117

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

Name of Employer Self Occupation Phsician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period  
 2000.00  
 donation

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

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

2500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CITIZENS FOR THERESA KORMOS**

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14700.00
<b>TOTAL</b> This Period (last page this line number only).....	14700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 32	
	<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) <b>A. 17th Street Bar and Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2012
Mailing Address 1711 Highway 50		Amount of Each Disbursement this Period 365.45 <b>Transaction ID : SB17.4346</b>
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement FOOD meet and greet	
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>B. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 32.01 <b>Transaction ID : SB17.4276</b>
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>c. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 23.94 <b>Transaction ID : SB17.4293</b>
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement pinting 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	421.40
<b>TOTAL</b> 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 32
	<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) <b>A. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 53.71 <b>Transaction ID : SB17.4299</b>
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>B. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 591.02 <b>Transaction ID : SB17.4303</b>
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>c. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 95.00 <b>Transaction ID : SB17.4329</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	739.73
<b>TOTAL</b> 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 32	
	<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) <b>A. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 88.12 <b>Transaction ID : SB17.4330</b>
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>B. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 115 N. Lincoln		Amount of Each Disbursement this Period 18.62 <b>Transaction ID : SB17.4363</b>
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement printingservice	
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>C. Ameren</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address PO Box 66884		Amount of Each Disbursement this Period 142.03 <b>Transaction ID : SB17.4368</b>
City St. Louis State MO Zip Code 63166	Purpose of Disbursement monthly service 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	248.77
<b>TOTAL</b> 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 32			
	<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) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012
Mailing Address P O Box 619612 MD 2400			Amount of Each Disbursement this Period 490.40 <b>Transaction ID : SB17.4263</b>
City DFW Airport	State TX	Zip Code 75261	
Purpose of Disbursement Airline Ticket		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1240.56
<b>TOTAL</b> 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 32	
	<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) <b>A. Campaign and Issue Management</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 292 San Diego Rd		Amount of Each Disbursement this Period 4972.78 <b>Transaction ID : SB17.4365</b>
City Carbondale	State IL	
Zip Code 62902	Purpose of Disbursement Consulting Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5170.21
<b>TOTAL</b> 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 32		
	<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) <b>A. Charter Communications</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2012
Mailing Address PO Box 790086		Amount of Each Disbursement this Period 47.44 <b>Transaction ID : SB17.4348</b>
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>B. Illinois Dept. of Financial and Professional Registration</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2012
Mailing Address 320 W. Washington St.		Amount of Each Disbursement this Period 139.74 <b>Transaction ID : SB17.4254</b>
City Springfield	State IL	
Zip Code 62786	Purpose of Disbursement data base purchase	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>C. Ned's Properties</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2012
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 1025.00 <b>Transaction ID : SB17.4311</b>
City O'Fallon	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1212.18
<b>TOTAL</b> 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 32	
	<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) <b>A. Ned's Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 1206 Woodgate Dr.		Amount of Each Disbursement this Period 1025.00 <b>Transaction ID : SB17.4370</b>
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>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 15.70 <b>Transaction ID : SB17.4248</b>
City Fairview Heights State IL Zip Code 62208	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 61.14 <b>Transaction ID : SB17.4274</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1101.84
<b>TOTAL</b> 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 32			
	<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) <b>A. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address 6525 N. Illinois St		Amount of Each Disbursement this Period 103.98
City Fairview Heights	State IL	
Zip Code 62208	Purpose of Disbursement Office Supplies	Transaction ID : SB17.4292
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

Full Name (Last, First, Middle Initial) <b>c. Jodie Osinga</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 11.37
City Carterville	State IL	
Zip Code 62918	Purpose of Disbursement salary tax	Transaction ID : SB17.4491
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	171.67
<b>TOTAL</b> 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 32			
	<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) <b>A. Jodie Osinga</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 23.02 <b>Transaction ID : SB17.4493</b>
City Carterville	State IL	
Zip Code 62918	Purpose of Disbursement salary tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jodie Osinga</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 805 S. Division #4		Amount of Each Disbursement this Period 88.45 <b>Transaction ID : SB17.4492</b>
City Carterville	State IL	
Zip Code 62918	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>c. Payroll Central</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 1107 Frontage Rd.		Amount of Each Disbursement this Period 34.75 <b>Transaction ID : SB17.4376</b>
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement payroll fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	146.22
<b>TOTAL</b> 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 32			
	<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) <b>A. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 305.60 <b>Transaction ID : SB17.4257</b>
City Carlenville	State IL	
Purpose of Disbursement reimbursement for expenses	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>B. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.12 <b>Transaction ID : SB17.4266</b>
City Carlenville	State IL	
Purpose of Disbursement payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.13 <b>Transaction ID : SB17.4268</b>
City Carlenville	State IL	
Purpose of Disbursement payroll tax	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1290.85
<b>TOTAL</b> 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 32			
	<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) <b>A. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 71.20 <b>Transaction ID : SB17.4269</b>
City Carlenville	State IL	
Purpose of Disbursement payroll fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 137.26 <b>Transaction ID : SB17.4306</b>
City Carlenville	State IL	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	890.58
<b>TOTAL</b> 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 32
	<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) <b>A. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.13 <b>Transaction ID : SB17.4327</b>
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement payroll tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 247.09 <b>Transaction ID : SB17.4318</b>
City Carlinville	State IL	
Zip Code 62626	Purpose of Disbursement reimbursement for expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 294.44 <b>Transaction ID : SB17.4352</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	844.66
<b>TOTAL</b> 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 32	
	<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) <b>A. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.12 <b>Transaction ID : SB17.4353</b>
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement pay roll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

Full Name (Last, First, Middle Initial) <b>c. Jarad Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 682.13 <b>Transaction ID : SB17.4374</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1667.38
<b>TOTAL</b> 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 32		
	<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) <b>A. Jarad Perry</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 625 Sumner St.		Amount of Each Disbursement this Period 303.11 <b>Transaction ID : SB17.4375</b>
City Carlenville	State IL	
Zip Code 62626	Purpose of Disbursement payroll tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	875.91
<b>TOTAL</b> 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 32	
	<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) <b>A. Post Office</b>		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 01 / 25 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage		Amount of Each Disbursement this Period 570.00
Candidate Name		Transaction ID : SB17.4300
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1230.18
<b>TOTAL</b> 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 32		
	<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) <b>A. Post Office</b>		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 06 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage		Amount of Each Disbursement this Period 225.00
Candidate Name		Transaction ID : SB17.4338
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type
State: District:		

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32		
	<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) <b>A. Post Office</b>		Date of Disbursement
Mailing Address 1111 S. Lincoln Ave.		M M / D D / Y Y Y Y 02 / 21 / 2012
City O'Fallon	State IL	Zip Code 62269
Purpose of Disbursement postage	Amount of Each Disbursement this Period 270.00	
Candidate Name	Transaction ID : SB17.4360	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

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

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 32	
	<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) <b>A. Radio Shack</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 129 St. Clair Square		Amount of Each Disbursement this Period 219.17 <b>Transaction ID : SB17.4249</b>
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		
State: District:		

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32		
	<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) <b>A. Sam's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address Hwy 50		Amount of Each Disbursement this Period 40.96
City O'Fallon	State IL	
Zip Code 62269	Purpose of Disbursement office supplies	Transaction ID : SB17.4334
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<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) <b>A. Tamarack Woods Apartments</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address 2301 Parkland Blvd		Amount of Each Disbursement this Period 1028.00 <b>Transaction ID : SB17.4369</b>
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>B. The Liason Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 415 New Jersey St.		Amount of Each Disbursement this Period 566.52 <b>Transaction ID : SB17.4294</b>
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement hotel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2012
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 58.02 <b>Transaction ID : SB17.4321</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1652.54
<b>TOTAL</b> 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 28 OF 32			
	<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) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 1530 W US hwy 50		Amount of Each Disbursement this Period 64.13 <b>Transaction ID : SB17.4331</b>
City O'Fallon State IL Zip Code 62269	Purpose of Disbursement office supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	64.13
<b>TOTAL</b> This Period (last page this line number only).....	22009.77

**SCHEDULE C (FEC Form 3)  
LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Theresa Kormos	<b>[PERSONAL FUNDS]</b>	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:
M 11 / D 03 / Y 2011	M M / D D / Y 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="25000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4477

**CITIZENS FOR THERESA KORMOS**

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

**[PERSONAL FUNDS]**

Election: 2012

Theresa Kormos

Primary  
 General  
 Other (specify) ▼

Mailing Address

1204 Shadow Ridge Crossing

City

State

ZIP Code

O'Fallon

IL

62269

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

27

2012

02/01/2013

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

5000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4478

**CITIZENS FOR THERESA KORMOS**

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

**[PERSONAL FUNDS]**

Election: 2012

Theresa Kormos

Primary

General

Other (specify) ▼

Mailing Address

1204 Shadow Ridge Crossing

City

State

ZIP Code

O'Fallon

IL

62269

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

02

22

2012

Date Due

2/1/13

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

5000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

City	State	ZIP Code
O'Fallon	IL	62269

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

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	4700.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	39700.00
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		