



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**ILLINOIS REPUBLICAN PARTY**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="71003.82"/>	<input type="text" value="71003.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="71003.82"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="38280.00"/>	<input type="text" value="38280.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="109283.82"/>	<input type="text" value="109283.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28204.05"/>	<input type="text" value="28204.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81079.77"/>	<input type="text" value="81079.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="239407.32"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**ILLINOIS REPUBLICAN PARTY**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28800.00	28800.00
(ii) Unitemized .....	530.00	530.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29330.00	29330.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34330.00	34330.00
12. Transfers From Affiliated/Other Party Committees.....	3950.00	3950.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	38280.00	38280.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38280.00	38280.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	602.65	602.65
(ii) Non-Federal Share.....	2267.06	2267.06
(b) Other Federal Operating Expenditures .....	1226.12	1226.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4095.83	4095.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	24108.22	24108.22
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	24108.22	24108.22
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28204.05	28204.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25936.99	25936.99

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34330.00	34330.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34330.00	34330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1828.77	1828.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1828.77	1828.77

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

THIS REPORT DISCLOSES OUTSTANDING DEBT ON RECENTLY DISCOVERED INFORMATION REGARDING PAST-DUE INVOICES AND OBLIGATIONS. ENTRIES MAY BE ESTIMATED. THE COMMITTEE CONTINUES TO WORK WITH THE VENDORS ON SPECIFIC DETAILS AND WILL AMEND PREVIOUS REPORTS AS APPROPRIATE.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. VICTOR BOTH**

Mailing Address 10563 S LONGWOOD DRIVE

City State Zip Code  
CHICAGO IL 60643-2615

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2014  
**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. DOUGLAS GESSNER**

Mailing Address 1111 WAGNER ROAD

City State Zip Code  
GLENVIEW IL 60025

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP LAWYER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2014  
**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. JOHN LILLARD**

Mailing Address 1340 N WAUKEGAN ROAD

City State Zip Code  
LAKE FOREST IL 60045-1147

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. GERALD NOWAK</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014 <b>Transaction ID : SA11AI.4142</b>
Mailing Address 917 GREENWOOD		Amount of Each Receipt this Period 1000.00
City WILMETTE	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		
Name of Employer KIRKLAND & ELLIS LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. PETER ORUM</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2014 <b>Transaction ID : SA11AI.4102</b>
Mailing Address PO BOX 748		Amount of Each Receipt this Period 300.00
City ST CHARLES	State IL	Zip Code 60174-0748
FEC ID number of contributing federal political committee. C		
Name of Employer MIDWEST GROUNDCOVERS LLC	Occupation NURSERY FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. SANFORD PERL</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2014 <b>Transaction ID : SA11AI.4132</b>
Mailing Address 570 LONGWOOD AVENUE		Amount of Each Receipt this Period 10000.00
City GLENCOE	State IL	Zip Code 60022
FEC ID number of contributing federal political committee. C		
Name of Employer KIRKLAND & ELLIS LLP	Occupation LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)  
**A. RICHARD PORTER**

Mailing Address 875 BRYANT AVE.

City State Zip Code  
WINNETKA IL 60093

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP LAWYER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014  
**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
10000.00

Full Name (Last, First, Middle Initial)  
**B. JOHN ROWE**

Mailing Address PO BOX 805398

City State Zip Code  
CHICAGO IL 60680-4183

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period  
5000.00

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28800.00

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

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

FOR LINE NUMBER: PAGE 10 OF 26  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

**A. JOHN S FUND**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 853  
City EDWARDSVILLE State IL Zip Code 62025  
FEC ID number of contributing federal political committee. **C** C00390831  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014  
**Transaction ID : SA11C.4232**  
Amount of Each Receipt this Period  
5000.00

**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) ▼  
Aggregate Year-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) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 11 OF 26	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

**A. REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2014

**Transaction ID : SA12.4145**

Amount of Each Receipt this Period  
3950.00

**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) ▼

Aggregate Year-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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3950.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. COLE TAYLOR BANK**

Mailing Address P.O. BOX 804427

City State Zip Code  
CHICAGO IL 60680

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	4

**Transaction ID : SB21B.4159**

Amount of Each Disbursement this Period

2	2	0	9	9
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Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 144 2ND STREET  
1ST FLOOR

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

8	9	2	.	5	0
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	1	1	3	.	4	9
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1	1	1	3	.	4	9
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## A. ADVANTAGE PAYROLL SERVICES

Mailing Address PO BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL FEES AND TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : SB30B.4166

Amount of Each Disbursement this Period

2	5	5	9	.	5	2
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Full Name (Last, First, Middle Initial)

## B. ADVANTAGE PAYROLL SERVICES

Mailing Address PO BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL FEES AND TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	4

Transaction ID : SB30B.4167

Amount of Each Disbursement this Period

2	3	3	7	.	7	5
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Full Name (Last, First, Middle Initial)

## C. ADVANTAGE PAYROLL SERVICES

Mailing Address PO BOX 1330

City AUBURN State ME Zip Code 04211

Purpose of Disbursement  
PAYROLL FEES AND TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	4

Transaction ID : SB30B.4168

Amount of Each Disbursement this Period

2	0	6	9	.	0	5
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	9	6	6	.	3	2
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**TOTAL** This Period (last page this line number only)..... ▶

6	9	6	6	.	3	2
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANDREW COLLINS**

Mailing Address 308 S MAIN ST, #10

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : SB30B.4157

Amount of Each Disbursement this Period

1262.00
---------

Full Name (Last, First, Middle Initial)

**B. ANDREW COLLINS**

Mailing Address 308 S MAIN ST, #10

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2014

Transaction ID : SB30B.4161

Amount of Each Disbursement this Period

1262.45
---------

Full Name (Last, First, Middle Initial)

**C. JAYME ODOM**

Mailing Address 1401 S STATE ST APT 2111

City CHICAGO State IL Zip Code 60605

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	02	/	2014

Transaction ID : SB30B.4150

Amount of Each Disbursement this Period

2607.98
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5132.43
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. JAYME ODOM**

Mailing Address 1401 S STATE ST APT 2111

City CHICAGO State IL Zip Code 60605

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.4155**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JAYME ODOM**

Mailing Address 1401 S STATE ST APT 2111

City CHICAGO State IL Zip Code 60605

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.4163**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ANDREW WELHOUSE**

Mailing Address 303 S. HALSTED STREET  
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.4148**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. ANDREW WELHOUSE**

Mailing Address 303 S. HALSTED STREET  
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 14 / 2014

**Transaction ID : SB30B.4154**

Amount of Each Disbursement this Period

2260.03

Full Name (Last, First, Middle Initial)

**B. ANDREW WELHOUSE**

Mailing Address 303 S. HALSTED STREET  
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 30 / 2014

**Transaction ID : SB30B.4162**

Amount of Each Disbursement this Period

2260.10

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4520.13

24108.22

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AIRNET GROUP, INC.</b>	Nature of Debt (Purpose): VOLUNTEER PHONE MINUTES
Mailing Address 801 BROAD STREET	
City State Zip Code CHATTANOOGA TN 37402	

Outstanding Balance Beginning This Period 49881.51	<b>Transaction ID : SD10.4202</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 49881.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>COMCAST CABLE</b>	Nature of Debt (Purpose): UTILITIES - PAID 2/20/14
Mailing Address PO BOX 3001	
City State Zip Code SOUTHEASTERN PA 19398	

Outstanding Balance Beginning This Period 539.85	<b>Transaction ID : SD10.4215</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 539.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CONSOLIDATED COMMUNICATIONS, INC.</b>	Nature of Debt (Purpose): INTERNET SERVICES - PAID 2/20/14
Mailing Address 121 S. 17TH STREET	
City State Zip Code MATTOON IL 61938	

Outstanding Balance Beginning This Period 195.00	<b>Transaction ID : SD10.4206</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 195.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	50616.36
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DIRECT MAIL SYSTEMS</b>	Nature of Debt (Purpose): DIRECT MAIL: PRINTING AND POSTAGE
Mailing Address 12450 AUTOMOBILE BLVD.	
City State Zip Code CLEARWATER FL 33762	

Outstanding Balance Beginning This Period 7920.15	<b>Transaction ID : SD10.4199</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7920.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>FLS CONNECT, LLC</b>	Nature of Debt (Purpose): TELEMARKETING
Mailing Address 7300 HUDSON BLVD., N	
City State Zip Code SAINT PAUL MN 55128	

Outstanding Balance Beginning This Period 43348.00	<b>Transaction ID : SD10.4210</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43348.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MAILFINANCE, NEOPOST USA</b>	Nature of Debt (Purpose): POSTAGE SYSTEM
Mailing Address 1335 VALWOOD PARKWAY, STE. 111	
City State Zip Code CARROLLTON TX 75006	

Outstanding Balance Beginning This Period 5388.24	<b>Transaction ID : SD10.4223</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5388.24

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	56656.39
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MK 55 WEST INVESTOR, LLC</b>	Nature of Debt (Purpose): OFFICE RENT
Mailing Address 55 W. MONROE STREET	
City State Zip Code CHICAGO IL 60603	

Outstanding Balance Beginning This Period 31136.36	<b>Transaction ID : SD10.4219</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 31136.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>REVOLVIS CONSULTING, INC.</b>	Nature of Debt (Purpose): DIRECT MAIL: PRINTING AND POSTAGE
Mailing Address 400 FIRST STREET, SE SUITE 200	
City State Zip Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 46951.95	<b>Transaction ID : SD10.4213</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 46951.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STAPLES</b>	Nature of Debt (Purpose): OFFICE SUPPLIES
Mailing Address 111 N. WABASH AVENUE	
City State Zip Code CHICAGO IL 60602	

Outstanding Balance Beginning This Period 6246.26	<b>Transaction ID : SD10.4208</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6246.26

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	84334.57
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**ILLINOIS REPUBLICAN PARTY**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>STONERIDGE GROUP</b>	Nature of Debt (Purpose): WEB HOSTING
Mailing Address 4400 N. POINT PKWY, #190	
City State Zip Code ALPHARETTA GA 30022	

Outstanding Balance Beginning This Period 5700.00	Transaction ID : SD10.4221	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TARGETED CREATIVE COMMUNICATIONS, INC.</b>	Nature of Debt (Purpose): DIRECT MAIL: PRINTING AND POSTAGE
Mailing Address 106 S. COLUMBUS ST	
City State Zip Code ALEXANDRIA VA 22314	

Outstanding Balance Beginning This Period 42100.00	Transaction ID : SD10.4204	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 42100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	47800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	239407.32
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	239407.32

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
ILLINOIS REPUBLICAN PARTY

Transaction ID : H1.4194

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>CITIBANK</b>		Transaction ID : <b>H4.4189</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 183037			Allocated Activity or Event Year-To-Date 950.75	
City COLUMBUS	State OH	Zip Code 43218	Date 01 / 21 / 2014	
Purpose of Disbursement: CREDIT CARD PAYMENT - SEE MEMO		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
168.76			634.84	
		=	TOTAL AMOUNT	
			803.60	

B. Full Name (Last, First, Middle Initial) <b>SOUTHWEST</b>		Transaction ID : <b>H4.4191</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2702 LOVE FIELD DRIVE			Allocated Activity or Event Year-To-Date 1754.35	
City DALLAS	State TX	Zip Code 75235	Date 01 / 21 / 2014	
Purpose of Disbursement: CITI BANK C.C. PAYMENT: TRAVEL-AIR		001		
Activity or Event Identifier: Administrative		Category/ Type		
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	
168.76			634.84	
		=	TOTAL AMOUNT	
			803.60	

C. Full Name (Last, First, Middle Initial) <b>WEST BEND MUTUAL INSURANCE</b>		Transaction ID : <b>H4.4193</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430			Allocated Activity or Event Year-To-Date 2188.76	
City ELMHURST	State IL	Zip Code 60126	Date 01 / 22 / 2014	
Purpose of Disbursement: INSURANCE		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	
91.23			343.18	
		=	TOTAL AMOUNT	
			434.41	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
259.99		978.02		1238.01

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Form A: Full Name (Last, First, Middle Initial) TAXICAB, Transaction ID : H4.4183, Allocated Activity or Event: Administrative, Date: 01/23/2014, Total Amount: 35.57

Form B: Full Name (Last, First, Middle Initial) VIP CAB OF DC, Transaction ID : H4.4179, Allocated Activity or Event: Administrative, Date: 01/24/2014, Total Amount: 16.14

Form C: Full Name (Last, First, Middle Initial) YELLOW CAB OF DC, Transaction ID : H4.4181, Allocated Activity or Event: Administrative, Date: 01/24/2014, Total Amount: 17.41

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 0.00, 0.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>RENAISSANCE HOTEL</b>		Transaction ID : <b>H4.4177</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 999 9TH ST, NW			Allocated Activity or Event Year-To-Date 3351.51	
City WASHINGTON	State DC	Zip Code 20001	Date 01 / 25 / 2014	
Purpose of Disbursement: ODOM REIMBURSEMENT: TRAVEL-LODGING		001		
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
229.66			863.97	1093.63

B. Full Name (Last, First, Middle Initial) <b>ANDREW COLLINS</b>		Transaction ID : <b>H4.4169</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST, #10			Allocated Activity or Event Year-To-Date 3555.46	
City EDWARDSVILLE	State IL	Zip Code 62025	Date 01 / 29 / 2014	
Purpose of Disbursement: REIMBURSEMENT - SEE MEMOS BELOW		001		
Activity or Event Identifier: Administrative		Category/ Type		
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
42.83			161.12	203.95

C. Full Name (Last, First, Middle Initial) <b>ANDREW COLLINS</b>		Transaction ID : <b>H4.4170</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST, #10			Allocated Activity or Event Year-To-Date 3712.26	
City EDWARDSVILLE	State IL	Zip Code 62025	Date 01 / 29 / 2014	
Purpose of Disbursement: COLLINS REIMBURSEMENT: MILEAGE		001		
Activity or Event Identifier: Administrative		Category/ Type		
[MEMO ITEM]				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
32.93			123.87	156.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.83		161.12		203.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) <b>JAYME ODOM</b>		Transaction ID : <b>H4.4175</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1401 S STATE ST APT 2111				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code CHICAGO IL 60605				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: REIMBURSEMENT - SEE MEMOS BELOW		001		Allocated Activity or Event Year-To-Date 4975.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 29 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
265.18				997.57	
		=		TOTAL AMOUNT	
				1262.75	

B. Full Name (Last, First, Middle Initial) <b>USPS</b>		Transaction ID : <b>H4.4187</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 100 W. RANDOLPH STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code CHICAGO IL 60664				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: PO BOX RENTAL		001		Allocated Activity or Event Year-To-Date 5140.01	
Activity or Event Identifier: Administrative		Category/ Type		Date 01 / 29 / 2014	
FEDERAL SHARE		+		NONFEDERAL SHARE	
34.65				130.35	
		=		TOTAL AMOUNT	
				165.00	

C. Full Name (Last, First, Middle Initial)				Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City State Zip Code				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/ Type		Date	
FEDERAL SHARE		+		NONFEDERAL SHARE	
		=		TOTAL AMOUNT	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
299.83		1127.92		1427.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
602.65		2267.06		2869.71