

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Beveridge for Congress 2010

ADDRESS (number and street) 113 Grant Street
 Check if different than previously reported. (ACC)
Barrington IL 60010 3001

2. **FEC IDENTIFICATION NUMBER** C00468165
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
IL 08

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

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

5. Covering Period 02 02 2010 through 02 28 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Robert Taylor

Signature of Treasurer Electronically Filed by Robert Taylor Date 05 11 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Beveridge for Congress 2010

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)).....	0.00	183151.00
(b) Total Contribution Refunds (from Line 20(d)).....	29000.00	29000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-29000.00	154151.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	2678.02	195688.58
(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)).....	2678.02	195688.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7480.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	49017.75	

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
Beveridge for Congress 2010

Report Covering the Period: From:

M	M
0	2

D	D
0	2

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	54350.10
(ii) Unitemized.....	0.00	128800.90
(iii) TOTAL of contributions from individuals..... ▶	0.00	183151.00
(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))	0.00	183151.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	49017.75
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	49017.75
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	232168.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2678.02	195688.58
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.....	29000.00	29000.00
(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)).....	29000.00	29000.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	31678.02	224688.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39158.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	39158.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31678.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7480.17

**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 5 / 14

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

A.

Full Name (Last, First, Middle Initial)
X-Press Professional Services

Transaction ID: B-E-335

Date of Disbursement

Mailing Address 220 E Adams Street
Suite 200

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

City Springfield State IL Zip Code 62701-1123

Amount of Each Disbursement this Period

2625.75

Purpose of Disbursement
Administrative/Salary/Overhead

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2625.75

TOTAL This Period (last page this line number only)

2625.75

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

A.	Full Name (Last, First, Middle Initial) Richard Frain Mailing Address 1 Dalton Court City South Barrington State IL Zip Code 60010-7141 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-322 Date of Disbursement 02 / 06 / 2010 Amount of Each Disbursement this Period 2400.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Tami Frain Mailing Address 1 Dalton Court City South Barrington State IL Zip Code 60010-7141 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-323 Date of Disbursement 02 / 06 / 2010 Amount of Each Disbursement this Period 2400.00 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) John Schwan Mailing Address 27 Watergate Drive City South Barrington State IL Zip Code 60010-7125 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-324 Date of Disbursement 02 / 06 / 2010 Amount of Each Disbursement this Period 200.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

A.	Full Name (Last, First, Middle Initial) Andrew Berlin <hr/> Mailing Address 20 Maple Hill Road <hr/> City Glencoe State IL Zip Code 60022-1308 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-325 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2400.00
B.	Full Name (Last, First, Middle Initial) Courtney Berlin <hr/> Mailing Address 20 Maple Hill Road <hr/> City Glencoe State IL Zip Code 60022-1308 <hr/> Purpose of Disbursement Contribution Refund: 1050 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-326 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2400.00
C.	Full Name (Last, First, Middle Initial) John J McConnell <hr/> Mailing Address 726 Northridge Dr <hr/> City West Lafayette State IN Zip Code 47906 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-331 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2400.00

SUBTOTAL of Disbursements This Page (optional) ▶	7200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Karen B McConnell</p> <hr/> <p>Mailing Address 726 Northridge Dr</p> <hr/> <p>City State Zip Code West Lafayette IN 47906</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"> Purpose of Disbursement Contribution Refund Candidate Name </td> <td style="width:10%; text-align: center; border: 1px solid black;"> 010 </td> <td style="width:40%; text-align: center;"> Category/ Type </td> </tr> </table> <hr/> <table style="width:100%;"> <tr> <td style="width:33%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td style="width:33%;"> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="width:33%;"></td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	Purpose of Disbursement Contribution Refund Candidate Name	010	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			<p>Transaction ID: B-E-332</p> <p>Date of Disbursement</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">^M0</td> <td style="border: 1px solid black; padding: 2px;">^M2</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">^D2</td> <td style="border: 1px solid black; padding: 2px;">^D3</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">^Y2</td> <td style="border: 1px solid black; padding: 2px;">^Y0</td> <td style="border: 1px solid black; padding: 2px;">^Y1</td> <td style="border: 1px solid black; padding: 2px;">^Y0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table style="width:100%; text-align: center; border: 1px solid black;"> <tr> <td style="padding: 5px;">2400.00</td> </tr> </table>	^M 0	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 0	2400.00
Purpose of Disbursement Contribution Refund Candidate Name	010	Category/ Type																			
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State: District:																					
^M 0	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 0												
2400.00																					
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maryilyn M Patrick</p> <hr/> <p>Mailing Address</p> <hr/> <p>City State Zip Code</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"> Purpose of Disbursement Contribution Refund Candidate Name </td> <td style="width:10%; text-align: center; border: 1px solid black;"> 010 </td> <td style="width:40%; text-align: center;"> Category/ Type </td> </tr> </table> <hr/> <table style="width:100%;"> <tr> <td style="width:33%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td style="width:33%;"> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="width:33%;"></td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	Purpose of Disbursement Contribution Refund Candidate Name	010	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			<p>Transaction ID: B-E-330</p> <p>Date of Disbursement</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">^M0</td> <td style="border: 1px solid black; padding: 2px;">^M2</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">^D2</td> <td style="border: 1px solid black; padding: 2px;">^D3</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">^Y2</td> <td style="border: 1px solid black; padding: 2px;">^Y0</td> <td style="border: 1px solid black; padding: 2px;">^Y1</td> <td style="border: 1px solid black; padding: 2px;">^Y0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table style="width:100%; text-align: center; border: 1px solid black;"> <tr> <td style="padding: 5px;">2400.00</td> </tr> </table>	^M 0	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 0	2400.00
Purpose of Disbursement Contribution Refund Candidate Name	010	Category/ Type																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
^M 0	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 0												
2400.00																					
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Thomas H Patrick</p> <hr/> <p>Mailing Address 199 E Lake Shore Drive Apt. 7E</p> <hr/> <p>City State Zip Code Chicago IL 60611-1340</p> <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"> Purpose of Disbursement Contribution Refund Candidate Name </td> <td style="width:10%; text-align: center; border: 1px solid black;"> 010 </td> <td style="width:40%; text-align: center;"> Category/ Type </td> </tr> </table> <hr/> <table style="width:100%;"> <tr> <td style="width:33%;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td style="width:33%;"> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="width:33%;"></td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table>	Purpose of Disbursement Contribution Refund Candidate Name	010	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:			<p>Transaction ID: B-E-329</p> <p>Date of Disbursement</p> <table style="width:100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">^M0</td> <td style="border: 1px solid black; padding: 2px;">^M2</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">^D2</td> <td style="border: 1px solid black; padding: 2px;">^D3</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">^Y2</td> <td style="border: 1px solid black; padding: 2px;">^Y0</td> <td style="border: 1px solid black; padding: 2px;">^Y1</td> <td style="border: 1px solid black; padding: 2px;">^Y0</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table style="width:100%; text-align: center; border: 1px solid black;"> <tr> <td style="padding: 5px;">2400.00</td> </tr> </table>	^M 0	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 0	2400.00
Purpose of Disbursement Contribution Refund Candidate Name	010	Category/ Type																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
^M 0	^M 2	/	^D 2	^D 3	/	^Y 2	^Y 0	^Y 1	^Y 0												
2400.00																					

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

A.	Full Name (Last, First, Middle Initial) Richard S. Pepper Mailing Address 78 Dundee Lane City Barrington State IL Zip Code 60010-5106 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-327 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 Amount of Each Disbursement this Period 2400.00 010 Category/ Type
B.	Full Name (Last, First, Middle Initial) Roselyn M Pepper Mailing Address 78 Dundee Lane City Barrington State IL Zip Code 60010-5106 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-328 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 Amount of Each Disbursement this Period 2400.00 010 Category/ Type
C.	Full Name (Last, First, Middle Initial) Gail W Robertson Mailing Address 14301 Fnb Parkway Suite 11 City Omaha State NE Zip Code 68154-7200 Purpose of Disbursement Contribution Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-334 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0 Amount of Each Disbursement this Period 2400.00 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

A.

Full Name (Last, First, Middle Initial)
Scott Robertson

Transaction ID: B-E-333

Date of Disbursement

Mailing Address 1215 N 136th Street

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

City Omaha State NE Zip Code 68154-5135

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2400.00

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

29000.00

SCHEDULE C (FEC Form 3)

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

LOANS

NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

Transaction ID: SC/10-L1

LOAN SOURCE Full Name (Last, First, Middle Initial) Dirk Beveridge - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2010
Mailing Address 1390 Lake Shore Drive S	
City Barrington State IL ZIP Code 60010-3530	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16687.50	0.00	16687.50

TERMS

Date Incurred MM DD YY 10 05 2009	Date Due On Demand	Interest Rate 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	16687.50
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)

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

LOANS

NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

Transaction ID: SC/10-L3

LOAN SOURCE Full Name (Last, First, Middle Initial) Dirk Beveridge - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2010
Mailing Address 1390 Lake Shore Drive S	
City Barrington State IL ZIP Code 60010-3530	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16000.00	0.00	16000.00

TERMS

Date Incurred M M 10 D D 11 Y Y Y Y 2009	Date Due On Demand	Interest Rate 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	16000.00
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	PAGE 13 / 14
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

Transaction ID: SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial) Dirk Beveridge - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2010
Mailing Address 1390 Lake Shore Drive S	
City Barrington State IL ZIP Code 60010-3530	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5517.25	0.00	5517.25

TERMS

Date Incurred M M 0 1 D D 2 8 Y Y Y Y 2 0 1 0	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="5517.25"/>
TOTALS This Period (last page in this line only)	<input 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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Beveridge for Congress 2010

Transaction ID: SC/10-L5

LOAN SOURCE Full Name (Last, First, Middle Initial)
Dirk Beveridge - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
P2010

Mailing Address 1390 Lake Shore Drive S

City Barrington State IL ZIP Code 60010-3530

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10813.00	0.00	10813.00

TERMS

Date Incurred: M M 01 D D 25 Y Y Y Y 2010
Date Due: None
Interest Rate: 0 % (apr)
Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)	▶	10813.00
TOTALS This Period (last page in this line only)	▶	49017.75

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