

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street)

P.O. BOX 64897

Check if different
than previously
reported. (ACC)

CHICAGO

IL

60664

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005926

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

DIEKELMAN, JUDY, A., ,

Type or Print Name of Treasurer

Signature of Treasurer

DIEKELMAN, JUDY, A., ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y
10 / 16 / 2014 To: M M / D D / Y Y Y Y Y
11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		43704.81
(b) Cash on Hand at Beginning of Reporting Period.....	322546.64	
(c) Total Receipts (from Line 19)	465703.13	2126619.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	788249.77	2170324.55
7. Total Disbursements (from Line 31).....	695858.58	2077933.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	92391.19	92391.19
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)	167369.70	



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. 05/2016)

Page 3

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

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

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).....	69125.00	444107.28
(ii) Unitemized	5741.00	75659.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	74866.00	519766.99
(b) Political Party Committees	0.00	1500.00
(c) Other Political Committees (such as PACs).....	136265.15	497865.15
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	211131.15	1019132.14
12. Transfers From Affiliated/Other Party Committees.....	234571.98	1002645.74
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	477.96
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
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)	15000.00	99363.90
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	15000.00	99363.90
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	465703.13	2126619.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	450703.13	2027255.84

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	14605.44	132286.69
(ii) Non-Federal Share.....	54820.45	334695.86
(b) Other Federal Operating Expenditures	110937.19	226385.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	180363.08	693368.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22561.15	22561.15
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	13258.31	28265.18
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 (Including Non-Federal Donations).....	0.00	5784.78
30. Federal Election Activity (52 U.S.C. § 30101(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	479676.04	1302953.88
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	479676.04	1302953.88
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	695858.58	2077933.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	641038.13	1743237.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	211131.15	1019132.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211131.15	1019132.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	125542.63	358672.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	477.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	125542.63	358194.55

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

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

FOR LINE NUMBER: PAGE 6 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALDRIDGE, KENNETH, W, ,

Mailing Address 844 E ROCKLAND ROAD

City
LIBERTYVILLE

State
IL

Zip Code
60048-3358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALDRIDGE ELECTRIC, INC.

Occupation (for Individual)
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ATHEY, ROBERT, , ,

Mailing Address 5943 N EAST CIR

City
CHICAGO

State
IL

Zip Code
60631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SA11AI.9660

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BACHRODT, PATRICK, , ,

Mailing Address 7070 CHERRYVALE NORTH BOULEVARD

City
ROCKFORD

State
IL

Zip Code
61112-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LOU BACHRODT CHEVROLET

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9716

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

13000.00

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 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOTH, VICTOR, , ,

Mailing Address 10563 S LONGWOOD DRIVE

City
CHICAGOState
ILZip Code
60643-2615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9730

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOZORGI, MANDAN, , DR.,

Mailing Address 1351 E WESTLEIGH RD

City
LAKE FORESTState
ILZip Code
60045FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAGNA HEALTH SYSTEMSOccupation (for Individual)
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9722

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUZBEE, JACK, A, ,

Mailing Address 200 E DOUGLAS STREET

City
DE SOTOState
ILZip Code
62924-1512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

2600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAREY, CHARLES, P, ,

Mailing Address 604 52ND PL

City
WESTERN SPRINGS

State
IL

Zip Code
60558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9803

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLBURN, RICHARD, , ,

Mailing Address 555 SKOKIE BOULEVARD
SUITE 555

City
NORTHBROOK

State
IL

Zip Code
60062-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROLLED ALLOYS MGMT. SERVICES

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.9560

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOMEK, DAVID, , ,

Mailing Address 411 RIDGE LN

City
LAKE IN THE HILLS

State
IL

Zip Code
60156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOMEK LOGISTICS

Occupation (for Individual)
LOGISTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9599

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

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

11750.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOMEK, MIKE, , ,

Mailing Address 265 EXCHANGE DR
STE 201

City
CRYSTAL LAKE

State
IL

Zip Code
60014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9718

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREIDHAM, CYRUS, F., , JR.

Mailing Address 11105 OLD HARBOUR RD.

City
NORTH PALM BEACH

State
FL

Zip Code
33408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9856

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLD, MARK, , MR.,

Mailing Address 2020 N LINCOLN PARK W
UNIT 38 E

City
CHICAGO

State
IL

Zip Code
60614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TOP THIRD AG MARKETING

Occupation (for Individual)
COMMODITY BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9697

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

8000.00

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

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FOR LINE NUMBER: PAGE 10 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HABEEB, HABEEB, G, ,

Mailing Address 1614 ENGLISH OAK DRIVE

City
CHAMPAIGN

State
IL

Zip Code
61822-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BENEFIT PLANNING CNSLTS.

Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9836

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEILMANN, MICHAEL, D, ,

Mailing Address 5S324 MIDDLE ROAD

City
NAPERVILLE

State
IL

Zip Code
60563-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WI-TRONIX, LLC

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.9607

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HILL, DAVID, G, ,

Mailing Address 5431 N. KILDARE

City
CHICAGO

State
IL

Zip Code
60630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9808

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00

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 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. HILLER, DAVID, D, ,

Mailing Address 1550 N STATE PARKWAY
APT. 301

City
CHICAGO

State
IL

Zip Code
60610-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ROBERT R. MCCORMACK FOUNDATION

Occupation (for Individual)

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.9840

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. INTERNATIONAL FRANCHISE ASSOCIATION

Mailing Address 1900 K ST NW
Suite 700

City
Washington

State
DC

Zip Code
20006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.10714

Amount of Each Receipt this Period

2500.00

☐ Memo Item
TO BE REFUNDED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, SUZANNE, , ,

Mailing Address 6020 ARBOR LN
#303

City
NORTHFIELD

State
IL

Zip Code
60093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9601

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARKAZIS, FRANK, L, MR.,

Mailing Address 1665 DUFFY LN

City
BANNOCKBURN

State
IL

Zip Code
60015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRAMER, RONALD, , ,

Mailing Address 2970 N LAKE SHORE DRIVE
APT. 6B

City
CHICAGO

State
IL

Zip Code
60657-5783

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEYFARTH SHAW

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.9846

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANGAN, JAMES, A, ,

Mailing Address 306 WOODLEY RD

City
WINNETKA

State
IL

Zip Code
60093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KIRKLAND ELLIS LLP

Occupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9850

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 13 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOUCKS, VERNON, , , JR

Mailing Address 1101 SKOKIE BLVD
#240

City
NORTHBROOK

State
IL

Zip Code
60062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9720

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOUIS, EDWARD, A, ,

Mailing Address 645 N WREN AVENUE

City
PALATINE

State
IL

Zip Code
60067-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9609

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ORUM, PETER, , ,

Mailing Address PO BOX 748

City
ST CHARLES

State
IL

Zip Code
60174-0748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIDWEST GROUNDCOVERS LLC

Occupation (for Individual)
NURSERY FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9725

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 14 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PLEDGER, FAY, , ,

Mailing Address 110 S EVERGREEN AVENUE
APT. 6ES

City
ARLINGTON HEIGHTS

State
IL

Zip Code
60005-1949

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHROP GRUMMAN, INC.

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2014

Transaction ID : SA11AI.9688

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RODRIGUEZ, DAPHNE, , ,

Mailing Address 3413 OWENS LN

City
DEKALB

State
IL

Zip Code
60015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED

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
10 / 29 / 2014

Transaction ID : SA11AI.9812

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RODRIGUEZ, NITZET, , ,

Mailing Address 3413 OWENS LN

City
DEKALB

State
IL

Zip Code
60115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED

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
10 / 29 / 2014

Transaction ID : SA11AI.9814

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1025.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 206

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHEINFELD, ELIZABETH, , MS.,

Mailing Address 107 SOUTH AVENUE

City
GLENCOEState
ILZip Code
60022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROCKLEDGE CAPITAL CORPOccupation (for Individual)
BUSINESSWOMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11AI.9810

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SENGER, WILLIAM, H., MR.,

Mailing Address 411 N. MARKET ST.

City
GRAFTONState
ILZip Code
62037-1148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.9668

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STACK, JOHN, , ,

Mailing Address 2906 LINCOLN STREET

City
EVANSTONState
ILZip Code
60201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.9675

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

5350.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SZCZAWINSKI, ANDREW, A., MR.,

Mailing Address 2326 N 74TH PLACE CT

City
ELMWOOD PARK

State
IL

Zip Code
60707-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9625

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THORNTON, EDMUND, , ,

Mailing Address PO BOX 1

City
OTTAWA

State
IL

Zip Code
61350-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
EDMUND THORNTON FOUNDATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2014

Transaction ID : SA11AI.9763

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VERDE, FRED, , ,

Mailing Address 825 CHASE AVE

City
ELK GROVE VILLAGE

State
IL

Zip Code
60007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVS MARKETING

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9724

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

10500.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAKE, TOM, , ,

Mailing Address PO BOX 3067

City
NAPERVILLEState
ILZip Code
60566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EBY-BROWNOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9603

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEGNER IV, CHARLES, T, ,

Mailing Address PO BOX 262

City
WEST CHICAGOState
ILZip Code
60186FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JELSERTOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9805

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

6000.00

69125.00

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

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City
SCHAUMBURG

State
IL

Zip Code
60173

FEC ID number of contributing
federal political committee.

C

C00255752

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.9852

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. BILL PAC

Mailing Address 228 S. WASHINGTON ST., STE. 115

City
ALEXANDRIA

State
VA

Zip Code
22314

FEC ID number of contributing
federal political committee.

C

C00412288

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11C.9586

Amount of Each Receipt this Period

5000.00

☐ Memo Item

C. ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 600 CORPORATE PARK DRIVE

City
ST. LOUIS

State
MO

Zip Code
63105

FEC ID number of contributing
federal political committee.

C

C00219642

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.9783

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

15000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. PCS ADMINISTRATION (USA), INC. (ALSO KNOWN AS 'POTASHCORP') PAC

Mailing Address 1101 SKOKIE BOULEVARD
SUITE 400

City
NORTHBROOK

State
IL

Zip Code
60062

FEC ID number of contributing
federal political committee.

C

C00385039

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11C.9827

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RANDY HULTGREN FOR CONGRESS

Mailing Address PO BOX 717

City

ST CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

C00467522

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11C.9587

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RANDY HULTGREN FOR CONGRESS

Mailing Address PO BOX 717

City

ST CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

C00467522

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

76250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11C.9853

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

31250.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City
WHEATON

State
IL

Zip Code
60187

FEC ID number of contributing
federal political committee.

C C00410969

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

10 / **22** / **2014**

Transaction ID : SA11C.9680

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIA

State
IL

Zip Code
61612

FEC ID number of contributing
federal political committee.

C C00437756

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32000.00

Date of Receipt

10 / **16** / **2014**

Transaction ID : SA11C.9758

Amount of Each Receipt this Period

32000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIA

State
IL

Zip Code
61612

FEC ID number of contributing
federal political committee.

C C00437756

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

42000.00

Date of Receipt

10 / **20** / **2014**

Transaction ID : SA11C.9558

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

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

52000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SENER FOR CONGRESS

Mailing Address PO BOX 4883

City
NAPERVILLE

State
IL

Zip Code
60567

FEC ID number of contributing
federal political committee.

C

C00544734

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11C.9828

Amount of Each Receipt this Period

21650.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SENER FOR CONGRESS

Mailing Address PO BOX 4883

City
NAPERVILLE

State
IL

Zip Code
60567

FEC ID number of contributing
federal political committee.

C

C00544734

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.9830

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State
IL

Zip Code
62234

FEC ID number of contributing
federal political committee.

C

C00258855

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

91360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.9868

Amount of Each Receipt this Period

12160.00

☐ Memo Item

TRAVEL STIPEND GIFT CARDS

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

36810.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State
IL

Zip Code
62234

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

92565.15

Date of Receipt

11 / **04** / **2014**

Transaction ID : SA11C.9870

Amount of Each Receipt this Period

1205.15

☐ Memo Item

EVENT RENTAL/CATERING SERVICES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

1205.15

136265.15

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

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

FOR LINE NUMBER: PAGE 23 OF 206

(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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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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. AHMAD, SAMINA, , ,

Mailing Address 24 CARDINAL DR

City
MURPHYSBORO

State
IL

Zip Code
62966

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA12.9899

Amount of Each Receipt this Period

2500.00

☒ Memo Item

ILLINOIS MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ILLINOIS MAJORITY FUND; THE

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00566646

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24424.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA12.9895

Amount of Each Receipt this Period

11485.86

☐ Memo Item

JOINT FUNDRAISING COMMITTEE: SEE MEMO ENTRIES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ILLINOIS MAJORITY FUND; THE

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00566646

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

27401.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA12.9896

Amount of Each Receipt this Period

2976.12

☐ Memo Item

JOINT FUNDRAISING COMMITTEE: SEE MEMO ENTRIES

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

14461.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 206

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAKHDOOM, ZAHOOR, , ,

Mailing Address 1220 DA CLA MAR CT

City
CARBONDALEState
ILZip Code
62901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTHERN IL GI SPECIALISTS LLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	28	2014

Transaction ID : SA12.9901

Amount of Each Receipt this Period

10000.00

☒ Memo Item

ILLINOIS MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMILLIN, BRAD, , ,

Mailing Address 1415 W HWY 50

City
O'FALLONState
ILZip Code
62269FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BELTONE HEARING AID CENTEROccupation (for Individual)
HEALTHCARE

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
10	28	2014

Transaction ID : SA12.9903

Amount of Each Receipt this Period

500.00

☒ Memo Item

ILLINOIS MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C C00075820

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

407000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	20	2014

Transaction ID : SA12.9915

Amount of Each Receipt this Period

80000.00

☐ Memo Item

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

80000.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

C00075820

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA12.9916

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

C00075820

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.9919

Amount of Each Receipt this Period

22000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C

C00075820

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

469000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA12.9921

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

62000.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 206

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. OBERNAGLE, GEORGE, , III

Mailing Address 4 COUNTRY LAKES LN

City
WATERLOO

State
IL

Zip Code
62298

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.9905

Amount of Each Receipt this Period

100.00

☒ Memo Item

ILLINOIS MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OELZE, KIMBERLY, , ,

Mailing Address PO BOX 325

City
NASHVILLE

State
IL

Zip Code
62263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OELZE EQUIP. LLC

Occupation (for Individual)
INDEPENDENT OIL PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA12.9907

Amount of Each Receipt this Period

500.00

☒ Memo Item

ILLINOIS MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003-1885

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

506244.63

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA12.9923

Amount of Each Receipt this Period

78110.00

☐ Memo Item

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

78110.00

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

234571.98

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

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

FOR LINE NUMBER: PAGE 27 OF 206
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. SENER FOR CONGRESS

Mailing Address PO BOX 4883

City
NAPERVILLE

State
IL

Zip Code
60567

FEC ID number of contributing
federal political committee.

C

C00544734

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : SA16.9925

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

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

5000.00

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

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AIRNET GROUP, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 801 BROAD STREET

City
CHATTANOOGAState
TNZip Code
37402Purpose of Disbursement
VOLUNTEER PHONE MINUTES - DEBT PAYMENT

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.9544

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALAMO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address 600 CORPORATE PARK DR

City
ST LOUISState
MOZip Code
63105Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.9227

Amount of Each Disbursement this Period

409.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALAMO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		20		2014

Mailing Address 600 CORPORATE PARK DR

City
ST LOUISState
MOZip Code
63105Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Category/
TypeOffice 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:

FEC Identification Number

C

Transaction ID : SB21B.9226

Amount of Each Disbursement this Period

607.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4516.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9265**

Amount of Each Disbursement this Period

337.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9236**

Amount of Each Disbursement this Period

166.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9237**

Amount of Each Disbursement this Period

227.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

730.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9238**

Amount of Each Disbursement this Period

390.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9239**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9240**

Amount of Each Disbursement this Period

393.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1176.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9241**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9242**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9243**

Amount of Each Disbursement this Period

393.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1179.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9244**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9245**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9246**

Amount of Each Disbursement this Period

393.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1179.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9247**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9248**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9249**

Amount of Each Disbursement this Period

393.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1179.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9250**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9251**

Amount of Each Disbursement this Period

393.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9252**

Amount of Each Disbursement this Period

398.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1184.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9253**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9254**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9255**

Amount of Each Disbursement this Period

398.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1194.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9256**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9257**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9258**

Amount of Each Disbursement this Period

398.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1194.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9259**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9260**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9261**

Amount of Each Disbursement this Period

398.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1194.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9262**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9263**

Amount of Each Disbursement this Period

418.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9264**

Amount of Each Disbursement this Period

418.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1234.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

FEC Identification Number

C**Transaction ID : SB21B.9234**

Amount of Each Disbursement this Period

498.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

FEC Identification Number

C**Transaction ID : SB21B.9235**

Amount of Each Disbursement this Period

530.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

FEC Identification Number

C**Transaction ID : SB21B.9233**

Amount of Each Disbursement this Period

498.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1526.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

FEC Identification Number

C**Transaction ID : SB21B.9231**

Amount of Each Disbursement this Period

570.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

FEC Identification Number

C**Transaction ID : SB21B.9232**

Amount of Each Disbursement this Period

570.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHICAGO CLUB

Mailing Address 81 E VAN BUREN ST

City
CHICAGOState
ILZip Code
60605Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

FEC Identification Number

C**Transaction ID : SB21B.9551**

Amount of Each Disbursement this Period

4113.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5253.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. COURTYARD MARRIOTT CHICAGO

Mailing Address 30 E HUBBARD STREET

City
CHICAGOState
ILZip Code
60611Purpose of Disbursement
TRAVEL: LODGING

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 Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9278**

Amount of Each Disbursement this Period

604.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COURTYARD MARRIOTT NAPERVILLE

Mailing Address 1155 E DIEHL ROAD

City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
TRAVEL: LODGING

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 Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9281**

Amount of Each Disbursement this Period

1105.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COURTYARD MARRIOTT NAPERVILLE

Mailing Address 1155 E DIEHL ROAD

City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
TRAVEL: LODGING

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 Y
11		10		2014

FEC Identification Number

C**Transaction ID : SB21B.9280**

Amount of Each Disbursement this Period

2888.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4597.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9294**

Amount of Each Disbursement this Period

545.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9295**

Amount of Each Disbursement this Period

545.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9296**

Amount of Each Disbursement this Period

545.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1635.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9297**

Amount of Each Disbursement this Period

545.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9298**

Amount of Each Disbursement this Period

545.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9299**

Amount of Each Disbursement this Period

545.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1635.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9288**

Amount of Each Disbursement this Period

337.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9289**

Amount of Each Disbursement this Period

337.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9290**

Amount of Each Disbursement this Period

337.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1011.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9291**

Amount of Each Disbursement this Period

337.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9292**

Amount of Each Disbursement this Period

337.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9293**

Amount of Each Disbursement this Period

360.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1034.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2014			

FEC Identification Number

C**Transaction ID : SB21B.9286**

Amount of Each Disbursement this Period

337.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30354Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2014			

FEC Identification Number

C**Transaction ID : SB21B.9287**

Amount of Each Disbursement this Period

337.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

FEC Identification Number

C**Transaction ID : SB21B.9321**

Amount of Each Disbursement this Period

511.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1185.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9314**

Amount of Each Disbursement this Period

309.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9315**

Amount of Each Disbursement this Period

427.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9316**

Amount of Each Disbursement this Period

433.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1170.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9317**

Amount of Each Disbursement this Period

545.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9318**

Amount of Each Disbursement this Period

638.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9319**

Amount of Each Disbursement this Period

644.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1827.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9320**

Amount of Each Disbursement this Period

746.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9310**

Amount of Each Disbursement this Period

277.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9311**

Amount of Each Disbursement this Period

348.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1372.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		12		2014

FEC Identification Number

C**Transaction ID : SB21B.9312**

Amount of Each Disbursement this Period

424.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City
SCHILLER PARKState
ILZip Code
60176Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		12		2014

FEC Identification Number

C**Transaction ID : SB21B.9313**

Amount of Each Disbursement this Period

755.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9332**

Amount of Each Disbursement this Period

117.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1298.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

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
11		03		2014

FEC Identification Number

C

Transaction ID : SB21B.9333

Amount of Each Disbursement this Period

117.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

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
11		03		2014

FEC Identification Number

C

Transaction ID : SB21B.9334

Amount of Each Disbursement this Period

117.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

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
11		06		2014

FEC Identification Number

C

Transaction ID : SB21B.9327

Amount of Each Disbursement this Period

587.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

822.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9328**

Amount of Each Disbursement this Period

587.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9329**

Amount of Each Disbursement this Period

587.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9330**

Amount of Each Disbursement this Period

587.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1762.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9323**

Amount of Each Disbursement this Period

117.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9324**

Amount of Each Disbursement this Period

117.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9325**

Amount of Each Disbursement this Period

117.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

352.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City
MOLINEState
ILZip Code
61265Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9326**

Amount of Each Disbursement this Period

117.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD., N

City
SAINT PAULState
MNZip Code
55128Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9543**

Amount of Each Disbursement this Period

2731.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAMPTON INN

Mailing Address 3185 S DIRKSEN PKWY

City
SPRINGFIELDState
ILZip Code
62703Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9336**

Amount of Each Disbursement this Period

6678.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9527.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9338**

Amount of Each Disbursement this Period

493.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9339**

Amount of Each Disbursement this Period

493.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9340**

Amount of Each Disbursement this Period

683.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1671.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9341**

Amount of Each Disbursement this Period

683.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9342**

Amount of Each Disbursement this Period

683.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9343**

Amount of Each Disbursement this Period

683.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2050.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9344**

Amount of Each Disbursement this Period

683.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9345**

Amount of Each Disbursement this Period

683.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9346**

Amount of Each Disbursement this Period

683.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2050.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9347**

Amount of Each Disbursement this Period

683.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City
GURNEEState
ILZip Code
60031Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

FEC Identification Number

C**Transaction ID : SB21B.9348**

Amount of Each Disbursement this Period

683.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9365**

Amount of Each Disbursement this Period

101.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1468.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9366**

Amount of Each Disbursement this Period

101.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9367**

Amount of Each Disbursement this Period

101.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9362**

Amount of Each Disbursement this Period

508.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

711.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

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:

FEC Identification Number

C

Transaction ID : SB21B.9363

Amount of Each Disbursement this Period

610.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

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:

FEC Identification Number

C

Transaction ID : SB21B.9351

Amount of Each Disbursement this Period

203.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

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:

FEC Identification Number

C

Transaction ID : SB21B.9352

Amount of Each Disbursement this Period

508.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1322.10

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 PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9353**

Amount of Each Disbursement this Period

711.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9354**

Amount of Each Disbursement this Period

711.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9355**

Amount of Each Disbursement this Period

711.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2135.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9356**

Amount of Each Disbursement this Period

711.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9357**

Amount of Each Disbursement this Period

711.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9358**

Amount of Each Disbursement this Period

711.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2135.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9359**

Amount of Each Disbursement this Period

711.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9360**

Amount of Each Disbursement this Period

711.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9361**

Amount of Each Disbursement this Period

1220.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2644.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Mailing Address 313 SALEM PL

City
FAIRVIEW HEIGHTSState
ILZip Code
62208Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9350**

Amount of Each Disbursement this Period

101.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOTEL DEL CORONADO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Mailing Address 1500 ORANGE AVE

City
CORONADOState
CAZip Code
92118Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9370**

Amount of Each Disbursement this Period

399.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOTEL DEL CORONADO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Mailing Address 1500 ORANGE AVE

City
CORONADOState
CAZip Code
92118Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9369**

Amount of Each Disbursement this Period

219.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

719.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HOTELS.COM

Mailing Address 5400 LBJ FREEWAY, SUITE 500

City
DALLASState
TXZip Code
75240Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

FEC Identification Number

C**Transaction ID : SB21B.9371**

Amount of Each Disbursement this Period

4137.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA WAGNER & CO

Mailing Address PO BOX 446

City
BATAVIAState
ILZip Code
60510Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2014

FEC Identification Number

C**Transaction ID : SB21B.9385**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9451**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6672.59

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 PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9452**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9453**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9454**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9396**

Amount of Each Disbursement this Period

8.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9397**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9398**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

48.46

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9399**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9400**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9401**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9402**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9403**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9404**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9405**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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Candidate Name

Office Sought: ☐ House
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☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9406**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9407**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9408**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

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ALEXANDRIAState
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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9409**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9410**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9411**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9412**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9413**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9414**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9415**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9416**

Amount of Each Disbursement this Period

 35.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9417**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

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City
ALEXANDRIAState
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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9418**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

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City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9419**

Amount of Each Disbursement this Period

 35.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9420**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9421**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9422**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9423**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9424**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9425**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C Transaction ID : SB21B.9426

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C Transaction ID : SB21B.9427

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C Transaction ID : SB21B.9428

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9429**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

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ALEXANDRIAState
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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9430**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9431**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9432**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9433**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9434**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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A. MACNAIR TRAVEL AGENCY

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9435**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9436**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9437**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C Transaction ID : SB21B.9438

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C Transaction ID : SB21B.9439

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C Transaction ID : SB21B.9440

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9441**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9442**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

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ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9443**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9444**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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ALEXANDRIAState
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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C **Transaction ID : SB21B.9445**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

FEC Identification Number

C **Transaction ID : SB21B.9394**

Amount of Each Disbursement this Period

 35.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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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TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

FEC Identification Number

C **Transaction ID : SB21B.9395**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

FEC Identification Number

C **Transaction ID : SB21B.9393**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

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22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
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☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

FEC Identification Number

C **Transaction ID : SB21B.9391**

Amount of Each Disbursement this Period

 35.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

FEC Identification Number

C **Transaction ID : SB21B.9392**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

FEC Identification Number

C **Transaction ID : SB21B.9387**

Amount of Each Disbursement this Period

 35.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

FEC Identification Number

C **Transaction ID : SB21B.9388**

Amount of Each Disbursement this Period

 35.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

FEC Identification Number

C**Transaction ID : SB21B.9389**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

FEC Identification Number

C**Transaction ID : SB21B.9390**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MB FINANCIAL

Mailing Address 800 WEST MADISON STREET

City
CHICAGOState
ILZip Code
60607Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

FEC Identification Number

C**Transaction ID : SB21B.9464**

Amount of Each Disbursement this Period

1087.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1157.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MB FINANCIAL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2014

Mailing Address 800 WEST MADISON STREET

City
CHICAGOState
ILZip Code
60607Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.9463

Amount of Each Disbursement this Period

1805.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.9488

Amount of Each Disbursement this Period

1.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.9486

Amount of Each Disbursement this Period

2.12

☐ Memo Item

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

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

1808.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PIRYX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9487**

Amount of Each Disbursement this Period

2.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9485**

Amount of Each Disbursement this Period

1.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.9484**

Amount of Each Disbursement this Period

6.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2014					

FEC Identification Number

C**Transaction ID : SB21B.9482**

Amount of Each Disbursement this Period

4.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2014					

FEC Identification Number

C**Transaction ID : SB21B.9483**

Amount of Each Disbursement this Period

42.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2014					

FEC Identification Number

C**Transaction ID : SB21B.9481**

Amount of Each Disbursement this Period

21.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

68.53

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9480**

Amount of Each Disbursement this Period

35.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9479**

Amount of Each Disbursement this Period

4.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9478**

Amount of Each Disbursement this Period

3.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

42.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PIRYX

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.9477**

Amount of Each Disbursement this Period

21.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYX

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.9476**

Amount of Each Disbursement this Period

13.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIRYX

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Mailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.9475**

Amount of Each Disbursement this Period

2.98

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

38.04

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 PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

FEC Identification Number

C**Transaction ID : SB21B.9474**

Amount of Each Disbursement this Period

1.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIRYXMailing Address 144 2ND STREET
1ST FLOORCity
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

FEC Identification Number

C**Transaction ID : SB21B.9473**

Amount of Each Disbursement this Period

1.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REVOLVIS CONSULTING, INC.Mailing Address 400 FIRST STREET, SE
SUITE 200City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE - DEBT PAYMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

FEC Identification Number

C**Transaction ID : SB21B.9545**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5002.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CF

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB21B.9500**

Amount of Each Disbursement this Period

369.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36647-1CF

City
DALLASState
TXZip Code
75235Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB21B.9501**

Amount of Each Disbursement this Period

728.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MERCHANT FEES

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9506**

Amount of Each Disbursement this Period

40.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1138.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. SQUARE

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

FEC Identification Number

C**Transaction ID : SB21B.9505**

Amount of Each Disbursement this Period

72.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARE

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

FEC Identification Number

C**Transaction ID : SB21B.9504**

Amount of Each Disbursement this Period

1518.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

FEC Identification Number

C**Transaction ID : SB21B.9503**

Amount of Each Disbursement this Period

17.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1608.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. SQUARE

Mailing Address 1455 MARKET STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

FEC Identification Number

C**Transaction ID : SB21B.9502**

Amount of Each Disbursement this Period

0.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

FEC Identification Number

C**Transaction ID : SB21B.9526**

Amount of Each Disbursement this Period

226.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

FEC Identification Number

C**Transaction ID : SB21B.9527**

Amount of Each Disbursement this Period

226.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

453.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9528**

Amount of Each Disbursement this Period

226.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9529**

Amount of Each Disbursement this Period

226.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9530**

Amount of Each Disbursement this Period

226.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

678.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9531**

Amount of Each Disbursement this Period

226.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9532**

Amount of Each Disbursement this Period

226.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

FEC Identification Number

C**Transaction ID : SB21B.9533**

Amount of Each Disbursement this Period

226.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

678.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9516**

Amount of Each Disbursement this Period

285.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9517**

Amount of Each Disbursement this Period

389.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9518**

Amount of Each Disbursement this Period

398.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1072.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9519**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9520**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9521**

Amount of Each Disbursement this Period

398.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1194.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9522**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9523**

Amount of Each Disbursement this Period

398.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB21B.9524**

Amount of Each Disbursement this Period

460.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1256.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.9525**

Amount of Each Disbursement this Period

634.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9512**

Amount of Each Disbursement this Period

634.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	4		

FEC Identification Number

C**Transaction ID : SB21B.9513**

Amount of Each Disbursement this Period

634.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1902.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 206

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	4		

FEC Identification Number

C **Transaction ID : SB21B.9514**

Amount of Each Disbursement this Period

 634.20☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City
CHICAGOState
ILZip Code
60666Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	4		

FEC Identification Number

C **Transaction ID : SB21B.9515**

Amount of Each Disbursement this Period

 634.20☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLEState
ILZip Code
62234Purpose of Disbursement
TRAVEL STIPEND GIFT CARDS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	4		

FEC Identification Number

C C00258855**Transaction ID : SB21B.9869**

Amount of Each Disbursement this Period

 12160.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 13428.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLEState
ILZip Code
62234Purpose of Disbursement
EVENT RENTAL/CATERING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00258855**Transaction ID : SB21B.9871**

Amount of Each Disbursement this Period

1205.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1205.15

110350.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. MIKE BOST FOR CONGRESS

Mailing Address PO BOX 1212

City
MURPHYSBOROState
ILZip Code
62977Purpose of Disbursement
CONTRIBUTION

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 12

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00546499**Transaction ID : SB23.9467**

Amount of Each Disbursement this Period

2561.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE BOST FOR CONGRESS

Mailing Address PO BOX 1212

City
MURPHYSBOROState
ILZip Code
62977Purpose of Disbursement
CONTRIBUTION: GENERAL DEBT RETIREMENT

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 12

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00546499**Transaction ID : SB23.9466**

Amount of Each Disbursement this Period

2438.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE BOST FOR CONGRESS

Mailing Address PO BOX 1212

City
MURPHYSBOROState
ILZip Code
62977Purpose of Disbursement
CONTRIBUTION

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00546499**Transaction ID : SB23.9541**

Amount of Each Disbursement this Period

2561.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7561.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. REPUBLICAN PARTY OF LOUISIANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

IN-KIND: TRAVEL: AIR - SEE TRANS ID'S SB21B.9286 - SB21B.9293

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Runoff

FEC Identification Number

C C00187450

Transaction ID : SB23.9927

Amount of Each Disbursement this Period

2721.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF LOUISIANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

IN-KIND: PAYROLL - SEE TRANS ID'S SB30B.9268, 9284, 9283, 9229,
9218, 9204, 9206, 9277 & SB30B.9492

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Runoff

FEC Identification Number

C C00187450

Transaction ID : SB23.9937

Amount of Each Disbursement this Period

4167.22

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SENGER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603

Purpose of Disbursement

CONTRIBUTION: SEE MEMO ENTRIES

Candidate Name

SENGER, DARLENE, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 11

FEC Identification Number

C H4IL11195

Transaction ID : SB23.9495

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. SENER FOR CONGRESS

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
CONTRIBUTION: PRIMARY DEBT RETIREMENT

Candidate Name

SENER, DARLENE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2014					

FEC Identification Number

C H4IL11195**Transaction ID : SB23.10710**

Amount of Each Disbursement this Period

5000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SENER FOR CONGRESS

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
CONTRIBUTION: EXCESS TO BE REFUNDED

Candidate Name

SENER, DARLENE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				29				2014					

FEC Identification Number

C H4IL11195**Transaction ID : SB23.10712**

Amount of Each Disbursement this Period

10000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

22561.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
PAYROLL TAXES & FEES☐Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

☐ C

Transaction ID : SB30B.9224

Amount of Each Disbursement this Period

8598.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
PAYROLL TAXES & FEES☐Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

☐ C

Transaction ID : SB30B.9223

Amount of Each Disbursement this Period

8063.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
PAYROLL TAXES & FEES☐Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

☐ C

Transaction ID : SB30B.9221

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16663.77

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 PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9222**

Amount of Each Disbursement this Period

263.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200City
NAPERVILLEState
ILZip Code
60563Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9220**

Amount of Each Disbursement this Period

85.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BOSSERT, RICHARD, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9490**

Amount of Each Disbursement this Period

937.35

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1286.56

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 PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. BOSSERT, RICHARD, , ,

Date of Disbursement

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

Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C **Transaction ID : SB30B.9489**

Amount of Each Disbursement this Period

 937.34☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CANDIDATE COMMAND, LLC

Date of Disbursement

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

Mailing Address 1420 NW VISION
STE. 113City
KANSAS CITYState
MOZip Code
64118Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

Category/
Type**SENGER, DARLENE, , ,**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

FEC Identification Number

C H4IL11195**Transaction ID : SB30B.9276**

Amount of Each Disbursement this Period

 10152.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CANDIDATE COMMAND, LLC

Date of Disbursement

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
1	0		2	8		2	0	1	4		

Mailing Address 1420 NW VISION
STE. 113City
KANSAS CITYState
MOZip Code
64118Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

Category/
Type**SENGER, DARLENE, , ,**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

FEC Identification Number

C H4IL11195**Transaction ID : SB30B.9274**

Amount of Each Disbursement this Period

 11000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 22089.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. CANDIDATE COMMAND, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Mailing Address 1420 NW VISION
STE. 113City
KANSAS CITYState
MOZip Code
64118Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

SENGER, DARLENE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 11

Category/
Type

FEC Identification Number

C H4IL11195**Transaction ID : SB30B.9275**

Amount of Each Disbursement this Period

21650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CANDIDATE COMMAND, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Mailing Address 1420 NW VISION
STE. 113City
KANSAS CITYState
MOZip Code
64118Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

HULTGREN, RANDY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 14

Category/
Type

FEC Identification Number

C H0IL14080**Transaction ID : SB30B.9273**

Amount of Each Disbursement this Period

23220.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS, ANDREW, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 308 S MAIN ST
APT 10City
EDWARDSVILLEState
ILZip Code
62025Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB30B.9269**

Amount of Each Disbursement this Period

1389.07

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

46259.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. COLLINS, ANDREW, , ,Mailing Address 308 S MAIN ST
APT 10City
EDWARDSVILLEState
ILZip Code
62025Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

FEC Identification Number

C**Transaction ID : SB30B.9267**

Amount of Each Disbursement this Period

694.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS, ANDREW, , ,Mailing Address 308 S MAIN ST
APT 10City
EDWARDSVILLEState
ILZip Code
62025Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

FEC Identification Number

C**Transaction ID : SB30B.9268**

Amount of Each Disbursement this Period

694.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLLINS, ANDREW, , ,Mailing Address 308 S MAIN ST
APT 10City
EDWARDSVILLEState
ILZip Code
62025Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2014			

FEC Identification Number

C**Transaction ID : SB30B.9266**

Amount of Each Disbursement this Period

411.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. COLLINS, PETER, , ,

Mailing Address 3200 BARBARA DRIVE

City
GLENVIEWState
ILZip Code
60026Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

FEC Identification Number

C**Transaction ID : SB30B.9472**

Amount of Each Disbursement this Period

1147.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS, PETER, , ,

Mailing Address 3200 BARBARA DRIVE

City
GLENVIEWState
ILZip Code
60026Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9471**

Amount of Each Disbursement this Period

1147.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CURTIS SCOTT ADVERTISING, INC.Mailing Address 1550 SPRING RD
STE 220City
OAK BROOKState
ILZip Code
60523Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE: GET OUT THE VOTE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

FEC Identification Number

C**Transaction ID : SB30B.9282**

Amount of Each Disbursement this Period

13543.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15837.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BLVD.

City
CLEARWATERState
FLZip Code
33762Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE - DEBT PAYMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

FEC Identification Number

C**Transaction ID : SB30B.9553**

Amount of Each Disbursement this Period

6420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOPI, DARSHAN, , ,

Mailing Address 12 KIMBERLY CIRCLE

City
OAK BROOKState
ILZip Code
60523Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9284**

Amount of Each Disbursement this Period

468.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOPI, DARSHAN, , ,

Mailing Address 12 KIMBERLY CIRCLE

City
OAK BROOKState
ILZip Code
60523Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

FEC Identification Number

C**Transaction ID : SB30B.9283**

Amount of Each Disbursement this Period

267.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7155.87

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. GROSS, MATTHEW, , ,Mailing Address 400 N OAKLAND AVE
APT 34City
CARBONDALEState
ILZip Code
62901Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

FEC Identification Number

C**Transaction ID : SB30B.9461**

Amount of Each Disbursement this Period

1284.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GROSS, MATTHEW, , ,Mailing Address 400 N OAKLAND AVE
APT 34City
CARBONDALEState
ILZip Code
62901Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9460**

Amount of Each Disbursement this Period

1046.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HENDERSON, ALEXANDER, , ,Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

FEC Identification Number

C**Transaction ID : SB30B.9230**

Amount of Each Disbursement this Period

937.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3268.52

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 PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. HENDERSON, ALEXANDER, , ,Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

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 Y
11 / 14 / 2014

FEC Identification Number

C**Transaction ID : SB30B.9228**

Amount of Each Disbursement this Period

468.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HENDERSON, ALEXANDER, , ,Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

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 Y
11 / 14 / 2014

FEC Identification Number

C**Transaction ID : SB30B.9229**

Amount of Each Disbursement this Period

468.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAP STRATEGIES

Mailing Address 229 EVANS LN

City
ALEXANDRIAState
VAZip Code
22305Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2014

FEC Identification Number

C H4IL12060**Transaction ID : SB30B.9384**

Amount of Each Disbursement this Period

44210.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45147.87

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. KAP STRATEGIES

Mailing Address 229 EVANS LN

City
ALEXANDRIAState
VAZip Code
22305Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

FEC Identification Number

C H4IL12060**Transaction ID : SB30B.9383**

Amount of Each Disbursement this Period

46289.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KAP STRATEGIES

Mailing Address 229 EVANS LN

City
ALEXANDRIAState
VAZip Code
22305Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

FEC Identification Number

C H4IL12060**Transaction ID : SB30B.9382**

Amount of Each Disbursement this Period

22562.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KINSER, KAITLIN, , ,Mailing Address 55 W MONROE
SUITE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

FEC Identification Number

C**Transaction ID : SB30B.9381**

Amount of Each Disbursement this Period

937.35

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

69788.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. KINSER, KAITLIN, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 55 W MONROE
SUITE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9380**

Amount of Each Disbursement this Period

937.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAWRENCE, SAMUEL, J, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 102 N MCCULLOUGH ST
STE 940City
URBANAState
ILZip Code
61801Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9493**

Amount of Each Disbursement this Period

1287.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LAWRENCE, SAMUEL, J, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 102 N MCCULLOUGH ST
STE 940City
URBANAState
ILZip Code
61801Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9491**

Amount of Each Disbursement this Period

643.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2868.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. LAWRENCE, SAMUEL, J, ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 102 N MCCULLOUGH ST
STE 940City
URBANAState
ILZip Code
61801Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9492**

Amount of Each Disbursement this Period

643.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEVY, ABRAHAM, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 901 GETTYSBURG DR
APT4City
BOURBONNAISState
ILZip Code
60914Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9219**

Amount of Each Disbursement this Period

299.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEVY, ABRAHAM, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 901 GETTYSBURG DR
APT4City
BOURBONNAISState
ILZip Code
60914Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9217**

Amount of Each Disbursement this Period

149.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1092.75

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 PageFOR LINE NUMBER:
(check only one)

PAGE 119 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. LEVY, ABRAHAM, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 901 GETTYSBURG DR
APT4City
BOURBONNAISState
ILZip Code
60914Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C [REDACTED]**Transaction ID : SB30B.9218**

Amount of Each Disbursement this Period

[REDACTED] 149.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City
PONTE VEDRA BEACHState
FLZip Code
32082Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

DOLD, ROBERT JAMES JR, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

FEC Identification Number

C H0IL10302**Transaction ID : SB30B.9459**

Amount of Each Disbursement this Period

[REDACTED] 21677.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City
PONTE VEDRA BEACHState
FLZip Code
32082Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

DOLD, ROBERT JAMES JR, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

FEC Identification Number

C H0IL10302**Transaction ID : SB30B.9458**

Amount of Each Disbursement this Period

[REDACTED] 20406.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

[REDACTED] 42234.13

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City
PONTE VEDRA BEACHState
FLZip Code
32082Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

DOLD, ROBERT JAMES JR, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

Category/
Type

FEC Identification Number

C H0IL10302**Transaction ID : SB30B.9457**

Amount of Each Disbursement this Period

20406.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City
PONTE VEDRA BEACHState
FLZip Code
32082Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

DOLD, ROBERT JAMES JR, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

Category/
Type

FEC Identification Number

C H0IL10302**Transaction ID : SB30B.9456**

Amount of Each Disbursement this Period

16889.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City
PONTE VEDRA BEACHState
FLZip Code
32082Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

DOLD, ROBERT JAMES JR, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 10

Category/
Type

FEC Identification Number

C H0IL10302**Transaction ID : SB30B.9455**

Amount of Each Disbursement this Period

38934.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

76230.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ODOM, JAYME, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 1401 S STATE ST
APT 2111City
CHICAGOState
ILZip Code
60605Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9375**

Amount of Each Disbursement this Period

2615.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ODOM, JAYME, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 1401 S STATE ST
APT 2111City
CHICAGOState
ILZip Code
60605Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9374**

Amount of Each Disbursement this Period

2615.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OTT, EMILY, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 1413 CASTLETON RD

City
LIBERTYVILLEState
ILZip Code
60048Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9308**

Amount of Each Disbursement this Period

937.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6168.50

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 PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. OTT, EMILY, , ,

Date of Disbursement

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

Mailing Address 1413 CASTLETON RD

City
LIBERTYVILLEState
ILZip Code
60048Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9306**

Amount of Each Disbursement this Period

468.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OTT, EMILY, , ,

Date of Disbursement

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

Mailing Address 1413 CASTLETON RD

City
LIBERTYVILLEState
ILZip Code
60048Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB30B.9307**

Amount of Each Disbursement this Period

468.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERSUASION PARTNERS INC.

Date of Disbursement

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

Mailing Address 106 E DOTY ST
STE 300City
MADISONState
WIZip Code
53703Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

BOST, MICHAEL J, , ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

FEC Identification Number

C H4IL12060**Transaction ID : SB30B.9470**

Amount of Each Disbursement this Period

4695.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5632.95

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 PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PERSUASION PARTNERS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address 106 E DOTY ST
STE 300City
MADISONState
WIZip Code
53703Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

BOST, MICHAEL J, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 12

Category/
Type

FEC Identification Number

C H4IL12060**Transaction ID : SB30B.9469**

Amount of Each Disbursement this Period

10413.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POTTER, STEPHEN, , , II

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 1920 WAUKEGAN RD
STE 210City
GLENVIEWState
ILZip Code
60025Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB30B.9508**

Amount of Each Disbursement this Period

937.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POTTER, STEPHEN, , , II

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 1920 WAUKEGAN RD
STE 210City
GLENVIEWState
ILZip Code
60025Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB30B.9507**

Amount of Each Disbursement this Period

937.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12288.29

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 124 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. RHODES, DUSTIN, , ,

Mailing Address 16 MINNIE DR

City
BELLEVILLEState
ILZip Code
62226Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

FEC Identification Number

C**Transaction ID : SB30B.9305**

Amount of Each Disbursement this Period

937.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RHODES, DUSTIN, , ,

Mailing Address 16 MINNIE DR

City
BELLEVILLEState
ILZip Code
62226Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9303**

Amount of Each Disbursement this Period

468.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RHODES, DUSTIN, , ,

Mailing Address 16 MINNIE DR

City
BELLEVILLEState
ILZip Code
62226Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9304**

Amount of Each Disbursement this Period

468.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1874.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. STERLING, JOHN, T, ,

Mailing Address 208 14TH ST

City
SILVISState
ILZip Code
61282Purpose 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
10		30		2014

FEC Identification Number

C**Transaction ID : SB30B.9378**

Amount of Each Disbursement this Period

1074.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STERLING, JOHN, T, ,

Mailing Address 208 14TH ST

City
SILVISState
ILZip Code
61282Purpose 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
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9376**

Amount of Each Disbursement this Period

537.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STERLING, JOHN, T, ,

Mailing Address 208 14TH ST

City
SILVISState
ILZip Code
61282Purpose 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
11		14		2014

FEC Identification Number

C**Transaction ID : SB30B.9377**

Amount of Each Disbursement this Period

537.49

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2149.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. TARGETED CREATIVE COMMUNICATIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 106 S. COLUMBUS ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

DAVIS, RODNEY L, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Category/
Type

FEC Identification Number

C H2IL13120**Transaction ID : SB30B.9511**

Amount of Each Disbursement this Period

18287.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TARGETED CREATIVE COMMUNICATIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Mailing Address 106 S. COLUMBUS ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

DAVIS, RODNEY L, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Category/
Type

FEC Identification Number

C H2IL13120**Transaction ID : SB30B.9510**

Amount of Each Disbursement this Period

18287.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TARGETED CREATIVE COMMUNICATIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 106 S. COLUMBUS ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

DAVIS, RODNEY L, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Category/
Type

FEC Identification Number

C H2IL13120**Transaction ID : SB30B.9509**

Amount of Each Disbursement this Period

15361.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

51935.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 127 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. VICTORY PHONESMailing Address 190 MONROE AVE. NW
FIFTH FLOORCity
GRAND RAPIDSState
MIZip Code
49503Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES: PHONE SYSTEMS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB30B.9535**

Amount of Each Disbursement this Period

 4997.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VICTORY PHONESMailing Address 190 MONROE AVE. NW
FIFTH FLOORCity
GRAND RAPIDSState
MIZip Code
49503Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB30B.9534**

Amount of Each Disbursement this Period

 4041.69☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WAYNE PRINTINGMailing Address 5901 N PROSPECT RD
PO BOX 10555City
PEORIAState
ILZip Code
61612Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

SCHOCK, AARON JON MR., , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

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

FEC Identification Number

C H8IL18043**Transaction ID : SB30B.9537**

Amount of Each Disbursement this Period

 31843.84☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 40882.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 206

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. WELHOUSE, ANDREW, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 303 S. HALSTED STREET
APT. 2City
CHICAGOState
ILZip Code
60661Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9271**

Amount of Each Disbursement this Period

2260.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WELHOUSE, ANDREW, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 303 S. HALSTED STREET
APT. 2City
CHICAGOState
ILZip Code
60661Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9270**

Amount of Each Disbursement this Period

2260.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ZAHM, JON, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB30B.9379**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7020.17

479676.04

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 129 OF 206

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AIRNET GROUP, INC.

Nature of Debt (Purpose):

VOLUNTEER PHONE MINUTES

Mailing Address 801 BROAD STREET

City
CHATTANOOGAState
TNZip Code
37402

Outstanding Balance Beginning This Period

46681.51

Transaction ID : **SD10.4202**

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

43181.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECT MAIL SYSTEMS

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 12450 AUTOMOBILE BLVD.

City
CLEARWATERState
FLZip Code
33762

Outstanding Balance Beginning This Period

6420.15

Transaction ID : **SD10.4199**

Amount Incurred This Period

0.00

Payment This Period

6420.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS CONNECT, LLC

Nature of Debt (Purpose):

TELEMARKETING

Mailing Address 7300 HUDSON BLVD., N

City
SAINT PAULState
MNZip Code
55128

Outstanding Balance Beginning This Period

43348.00

Transaction ID : **SD10.4210**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43348.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

86529.51

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** 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 130 OF 206

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAILFINANCE, NEOPOST USANature of Debt (Purpose):
POSTAGE SYSTEM

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City
CARROLLTONState
TXZip Code
75006

Outstanding Balance Beginning This Period

5388.24

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5388.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC.Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGEMailing Address 400 FIRST STREET, SE
SUITE 200City
WASHINGTONState
DCZip Code
20003

Outstanding Balance Beginning This Period

41451.95

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

36451.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TARGETED CREATIVE COMMUNICATIONS, INC.Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 106 S. COLUMBUS ST

City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

39000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

80840.19

2) **TOTALS** This Period (last page this line number only)..... ►

167369.70

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

167369.70

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE 131 OF 206

(To be used only by Political Committees in the General Election)

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) ILLINOIS REPUBLICAN PARTY					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee			
		Mailing Address			
		City	State	ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee KIRIK, MEGAN, , ,		<input type="checkbox"/> Memo Item		Purpose of Expenditure FIELD CONSULTING	Category/ Type
Mailing Address 3419 49TH ST				Date MM / DD / YYYY 11 / 01 / 2014	
City MOLINE	State IL	Zip Code 61265			
Name of Federal Candidate Supported SCHILLING, ROBERT T., , ,	Office Sought: <input checked="" type="checkbox"/> House	State: IL		Amount 2000.00	
	<input type="checkbox"/> Senate	District: 17			
	<input type="checkbox"/> Presidential				
Aggregate General Election Expenditure for this Candidate ▶		13000.00		Transaction ID : SF.10707	
Full Name (Last, First, Middle Initial) of Each Payee SHEARER, STEVEN, , ,		<input type="checkbox"/> Memo Item		Purpose of Expenditure STRATEGY CONSULTING	Category/ Type
Mailing Address 1600 W BLUE SAGE DR				Date MM / DD / YYYY 11 / 01 / 2014	
City PEORIA	State IL	Zip Code 61615			
Name of Federal Candidate Supported SCHILLING, ROBERT T., , ,	Office Sought: <input checked="" type="checkbox"/> House	State: IL		Amount 11000.00	
	<input type="checkbox"/> Senate	District: 17			
	<input type="checkbox"/> Presidential				
Aggregate General Election Expenditure for this Candidate ▶		11000.00		Transaction ID : SF.9548	
Full Name (Last, First, Middle Initial) of Each Payee VICTORY PHONES		<input type="checkbox"/> Memo Item		Purpose of Expenditure TELEMARKETING & DATA MANAGEMENT SERVICES	Category/ Type
Mailing Address 190 MONROE AVE. NW FIFTH FLOOR				Date MM / DD / YYYY 11 / 07 / 2014	
City GRAND RAPIDS	State MI	Zip Code 49503			
Name of Federal Candidate Supported SENGER, DARLENE, , ,	Office Sought: <input checked="" type="checkbox"/> House	State: IL		Amount 258.31	
	<input type="checkbox"/> Senate	District: 11			
	<input type="checkbox"/> Presidential				
Aggregate General Election Expenditure for this Candidate ▶		1985.04		Transaction ID : SF.9948	
SUBTOTAL of Expenditures This Page (optional).....▶				13258.31	
TOTAL This Period (last page this line number only).....▶				13258.31	

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 132 OF 206

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 7.11.14 Fundraising event (07/11/2014) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported Transaction ID : H2.9547	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">86.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">14.00</div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 133 OF 206

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT
 ILLINOIS REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

TOTAL AMOUNT TRANSFERRED

15000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

15000.00

Transaction ID : H3.9873

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

15000.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

15000.00

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 134 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8934			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
LEVY, ABRAHAM, , ,				<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 901 GETTYSBURG DR APT4				Allocated Activity or Event Year-To-Date	
City BOURBONNAIS	State IL	Zip Code 60914		316896.32	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.51			208.84		264.35

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9057			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
PATRIOT TAXI				<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 536 N ELSTON AVE				Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60630		316904.97	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.82			6.83		8.65

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9096			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
UPS				<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 516 N. OGDEN AVE.				Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60642		316924.96	
Purpose of Disbursement: DELIVERY SERVICES			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20			15.79		19.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.53		231.46		292.99

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**

PAGE 135 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9097**☐ Memo Item**UPS**

Mailing Address 516 N. OGDEN AVE.

City
CHICAGOState
ILZip Code
60642Purpose of Disbursement:
DELIVERY SERVICES

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

316954.46

Date

M M / D D / Y Y Y Y Y
10 16 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

6.20

23.30

29.50

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9112☒ Memo Item**WAL-MART**Mailing Address 2080 N ST
ROUTE 50City
BOURBONNAISState
ILZip Code
60914Purpose of Disbursement:
LEVY REIMBURSEMENT 10/16: OFFICE SUPPLIES

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

317056.60

Date

M M / D D / Y Y Y Y Y
10 16 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

21.45

80.69

102.14

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9114☒ Memo Item**JEWEL OSCO**

Mailing Address 2051 RIDGE RD

City
MINOOKAState
ILZip Code
60447Purpose of Disbursement:
LEVY REIMBURSEMENT 10/16: OFFICE SUPPLIES

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

317104.82

Date

M M / D D / Y Y Y Y Y
10 16 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.13

38.09

48.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

6.20

23.30

29.50

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**

PAGE 136 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9116 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
BUFFALO WILD WINGS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 317126.76	
Activity or Event Identifier: Administrative			Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.61			17.33	
		=	TOTAL AMOUNT	
			21.94	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9117 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
DUNKIN' DONUTS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 811 E OGDEN AVE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 317197.55	
Activity or Event Identifier: Administrative			Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
14.87			55.92	
		=	TOTAL AMOUNT	
			70.79	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9119 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
KFC			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 581 BOB BLAIR RD			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MINOOKA	State IL	Zip Code 60447	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 317218.81	
Activity or Event Identifier: Administrative			Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.46			16.80	
		=	TOTAL AMOUNT	
			21.26	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8968 <input type="checkbox"/> Memo Item PIPER, CHRISTOPHER, , ,			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 2303 BELMORE DR							
City CHAMPAIGN	State IL	Zip Code 61821					
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">318218.81</div>				
Activity or Event Identifier: Administrative							
			Date 10 / 18 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
210.00			790.00			1000.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9009 <input type="checkbox"/> Memo Item WEIR, JAMES, , ,			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 901 S 1ST ST APT 16							
City CHAMPAIGN	State IL	Zip Code 61820					
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">319218.81</div>				
Activity or Event Identifier: Administrative							
			Date 10 / 18 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
210.00			790.00			1000.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9036 <input type="checkbox"/> Memo Item WEISS, MAXWELL, , ,			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 110 E CHALMERS							
City CHAMPAIGN	State IL	Zip Code 61820					
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">320218.81</div>				
Activity or Event Identifier: Administrative							
			Date 10 / 18 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
210.00			790.00			1000.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.00		2370.00		3000.00

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9044 <input type="checkbox"/> Memo Item			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	
LAUREANO, MICHAEL, , , Mailing Address 1007 S FIRST ST #8			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">321218.81</div>	
City CHAMPAIGN	State IL	Zip Code 61820	Date 10 / 18 / 2014	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9081 <input type="checkbox"/> Memo Item			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	
SOUTHERN DEVELOPMENT LLC Mailing Address 300 E MAIN ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">321968.81</div>	
City CARBONDALE	State IL	Zip Code 62901	Date 10 / 18 / 2014	
Purpose of Disbursement: RENT			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">157.50</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">592.50</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8946 <input type="checkbox"/> Memo Item			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	
BEEF AND BRANDY Mailing Address 127 S STATE STREET			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">322034.34</div>	
City CHICAGO	State IL	Zip Code 60603	Date 10 / 20 / 2014	
Purpose of Disbursement: MEETING EXPENSE: MEALS			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">13.76</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">51.77</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">65.53</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
381.26		1434.27		1815.53

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**

PAGE 139 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8961 <input type="checkbox"/> Memo Item			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	
CHI TAXI Mailing Address 856-898 N MICHIGAN AVE				
City CHICAGO	State IL	Zip Code 60611		
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">322044.39</div>	
Activity or Event Identifier: Administrative			Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px;">2.11</div>			<div style="border: 1px solid black; padding: 2px;">7.94</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px;">10.05</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8965 <input type="checkbox"/> Memo Item			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	
CHICAGO ELITE CAB Mailing Address 2617 S WABASH AVE				
City CHICAGO	State IL	Zip Code 60616		
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">322052.94</div>	
Activity or Event Identifier: Administrative			Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px;">1.80</div>			<div style="border: 1px solid black; padding: 2px;">6.75</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px;">8.55</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8970 <input type="checkbox"/> Memo Item			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	
CITY OF NAPERVILLE Mailing Address 400 S EAGLE STREET				
City NAPERVILLE	State IL	Zip Code 60540		
Purpose of Disbursement: UTILITIES		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">322746.43</div>	
Activity or Event Identifier: Administrative			Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px;">145.63</div>			<div style="border: 1px solid black; padding: 2px;">547.86</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px;">693.49</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">149.54</div>		<div style="border: 1px solid black; padding: 2px;">562.55</div>		<div style="border: 1px solid black; padding: 2px;">712.09</div>

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
<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 140 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8975 <input type="checkbox"/> Memo Item			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	
CURB Mailing Address 5904 RICHMOND HWY SUITE 600			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">322756.58</div>	
City ALEXANDRIA	State VA	Zip Code 22303	Date 10 / 20 / 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">322756.58</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">2.13</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">8.02</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">10.15</div>

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9027 <input type="checkbox"/> Memo Item			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	
LEXIS NEXIS Mailing Address PO BOX 2314			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">323026.58</div>	
City CAROL STREAM	State IL	Zip Code 60132	Date 10 / 20 / 2014	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">323026.58</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">56.70</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">213.30</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">270.00</div>

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9054 <input type="checkbox"/> Memo Item			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	
NEW RIVER RESEARCH INSTITUTE Mailing Address 2150 COUNTRY CLUB ROAD SUITE 221			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">324526.58</div>	
City WINSTON-SALEM	State NC	Zip Code 27104	Date 10 / 20 / 2014	
Purpose of Disbursement: SOFTWARE SERVICES		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">324526.58</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">315.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1185.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
373.83		1406.32		1780.15

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9055 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
NICOR GAS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 5407			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CAROL STREAM	State IL	Zip Code 60197	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT & UTILITIES		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			324553.48	
Date		<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>10</div> <div>20</div> <div>2014</div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
5.65			21.25	
		=	TOTAL AMOUNT	
			26.90	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9090 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
THE HEARN COMPANY			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE STREET Suite 3925			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			328665.40	
Date		<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>10</div> <div>20</div> <div>2014</div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
863.50			3248.42	
		=	TOTAL AMOUNT	
			4111.92	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9091 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
THE HEARN COMPANY			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE STREET Suite 3925			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			335116.83	
Date		<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div> <div>10</div> <div>20</div> <div>2014</div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
1354.80			5096.63	
		=	TOTAL AMOUNT	
			6451.43	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2223.95		8366.30		10590.25

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9100 <input type="checkbox"/> Memo Item			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	
USPS Mailing Address 100 W. RANDOLPH STREET				
City CHICAGO	State IL	Zip Code 60664		
Purpose of Disbursement: POSTAGE		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 335156.81	
Activity or Event Identifier: Administrative			Date <input type="text"/> 10 / <input type="text"/> 20 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 8.40			<input type="text"/> 31.58	
		=	TOTAL AMOUNT	
			<input type="text"/> 39.98	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9107 <input type="checkbox"/> Memo Item			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	
WALGREENS Mailing Address 79 W. MONROE STREET				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: OFFICE SUPPLIES		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 335176.41	
Activity or Event Identifier: Administrative			Date <input type="text"/> 10 / <input type="text"/> 20 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 4.12			<input type="text"/> 15.48	
		=	TOTAL AMOUNT	
			<input type="text"/> 19.60	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9039 <input type="checkbox"/> Memo Item			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	
MCDONALD'S Mailing Address 2111 MCDONALD'S DRIVE				
City OAK BROOK	State IL	Zip Code 60523		
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 335227.07	
Activity or Event Identifier: Administrative			Date <input type="text"/> 10 / <input type="text"/> 21 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 10.64			<input type="text"/> 40.02	
		=	TOTAL AMOUNT	
			<input type="text"/> 50.66	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 23.16		<input type="text"/> 87.08		<input type="text"/> 110.24

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8995 <input type="checkbox"/> Memo Item			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	
GRUBHUB Mailing Address 111 W WASHINGTON ST				
City CHICAGO	State IL	Zip Code 60602		
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">335264.62</div>	
Activity or Event Identifier: Administrative			Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10222014 </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
7.89			29.66	
		=	TOTAL AMOUNT	
			37.55	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9109 <input type="checkbox"/> Memo Item			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	
WEST BEND MUTUAL INSURANCE Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430				
City ELMHURST	State IL	Zip Code 60126		
Purpose of Disbursement: LIABILITY INSURANCE		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">335739.71</div>	
Activity or Event Identifier: Administrative			Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10222014 </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
99.77			375.32	
		=	TOTAL AMOUNT	
			475.09	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9076 <input type="checkbox"/> Memo Item			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	
SAPER LAW OFFICES LLC Mailing Address 505 N LASALLE SUITE 350				
City CHICAGO	State IL	Zip Code 60654		
Purpose of Disbursement: LEGAL CONSULTING		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">338739.71</div>	
Activity or Event Identifier: Administrative			Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10242014 </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
630.00			2370.00	
		=	TOTAL AMOUNT	
			3000.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
737.66		2774.98		3512.64

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9095 <input type="checkbox"/> Memo Item TRACTOR SUPPLY COMPANY			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 5401 VIRGINIA WAY				
City BRENTWOOD	State TN	Zip Code 37027		
Purpose of Disbursement: OFFICE SUPPLIES		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 338979.09	
Activity or Event Identifier: Administrative			Date <input type="text"/> 10 / <input type="text"/> 24 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 50.27			<input type="text"/> 189.11	
		=	TOTAL AMOUNT	
			<input type="text"/> 239.38	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8950 <input type="checkbox"/> Memo Item BROWN, HAY & STEPHENS LLP			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 205 S FIFTH ST PO BOX 2459				
City SPRINGFIELD	State IL	Zip Code 62705		
Purpose of Disbursement: LEGAL CONSULTING		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 343941.59	
Activity or Event Identifier: Administrative			Date <input type="text"/> 10 / <input type="text"/> 27 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 1042.13			<input type="text"/> 3920.37	
		=	TOTAL AMOUNT	
			<input type="text"/> 4962.50	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8971 <input type="checkbox"/> Memo Item COMCAST			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 1255 W NORTH AVE				
City CHICAGO	State IL	Zip Code 60642		
Purpose of Disbursement: BROADBAND SERVICES		<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 344145.74	
Activity or Event Identifier: Administrative			Date <input type="text"/> 10 / <input type="text"/> 27 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 42.87			<input type="text"/> 161.28	
		=	TOTAL AMOUNT	
			<input type="text"/> 204.15	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 1135.27		<input type="text"/> 4270.76		<input type="text"/> 5406.03

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 145 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9029 <input type="checkbox"/> Memo Item			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	
LISA WAGNER & CO Mailing Address PO BOX 446			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">344255.03</div>	
City BATAVIA	State IL	Zip Code 60510	Date 10 / 27 / 2014	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
22.95			86.34	
		=	TOTAL AMOUNT	
			109.29	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9067 <input type="checkbox"/> Memo Item			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	
RON GOULD STUDIOS Mailing Address 1401 W HURON STREET			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">344971.03</div>	
City CHICAGO	State IL	Zip Code 60642	Date 10 / 27 / 2014	
Purpose of Disbursement: PHOTOGRAPHY SERVICES			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
150.36			565.64	
		=	TOTAL AMOUNT	
			716.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9206 <input checked="" type="checkbox"/> Memo Item			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	
OFFICE DEPOT Mailing Address 6 S STATE ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">345006.72</div>	
City CHICAGO	State IL	Zip Code 60603	Date 10 / 27 / 2014	
Purpose of Disbursement: LISA WAGNER & CO REIMBURSEMENT: OFFICE SUPPLIES			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
7.49			28.20	
		=	TOTAL AMOUNT	
			35.69	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.31		651.98		825.29

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9208 <input checked="" type="checkbox"/> Memo Item			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	
SYSTEM PARKING Mailing Address 401 S WABASH			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">345046.72</div>	
City CHICAGO	State IL	Zip Code 60604	Date 10 / 27 / 2014	
Purpose of Disbursement: LISA WAGNER & CO REIMBURSEMENT: PARKING			Category/Type <div style="border: 1px solid black; height: 20px; width: 50px;"></div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">8.40</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">31.60</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9210 <input checked="" type="checkbox"/> Memo Item			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	
OLSEN, MEAGHAN, , Mailing Address PO BOX 446			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">345080.32</div>	
City BATAVIA	State IL	Zip Code 60510	Date 10 / 27 / 2014	
Purpose of Disbursement: LISA WAGNER & CO REIMBURSEMENT: MILEAGE			Category/Type <div style="border: 1px solid black; height: 20px; width: 50px;"></div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7.06</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">26.54</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">33.60</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9213 <input type="checkbox"/> Memo Item			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	
RED CURVE SOLUTIONS Mailing Address 138 CONANT ST 2ND FLOOR			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">347628.56</div>	
City BEVERLY	State MA	Zip Code 01915	Date 10 / 27 / 2014	
Purpose of Disbursement: COMPLIANCE CONSULTING			Category/Type <div style="border: 1px solid black; height: 20px; width: 50px;"></div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">535.13</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">2013.11</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">2548.24</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">535.13</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2013.11</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2548.24</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9059 <input type="checkbox"/> Memo Item			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	
PEAPOD Mailing Address 84 BIESTERFIELD ROAD				
City ELK GROVE VLG	State IL	Zip Code 60007		
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">347775.80</div>	
Activity or Event Identifier: Administrative			Date 10 / 29 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
30.92			116.32	
		=	TOTAL AMOUNT	
			147.24	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8980 <input type="checkbox"/> Memo Item			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	
GOPI, DARSHAN, , , Mailing Address 12 KIMBERLY CIRCLE				
City OAK BROOK	State IL	Zip Code 60523		
Purpose of Disbursement: PAYROLL < 25% FED		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">348713.15</div>	
Activity or Event Identifier: Administrative			Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
196.84			740.51	
		=	TOTAL AMOUNT	
			937.35	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9022 <input type="checkbox"/> Memo Item			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	
CHIGLO, KENNEDY, , , Mailing Address 2211 N BISSELL APT 3				
City CHICAGO	State IL	Zip Code 60614		
Purpose of Disbursement: PAYROLL < 25% FED		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350062.71</div>	
Activity or Event Identifier: Administrative			Date 10 / 30 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
283.41			1066.15	
		=	TOTAL AMOUNT	
			1349.56	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
511.17		1922.98		2434.15

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9102 <input type="checkbox"/> Memo Item VERTICALRESPONSE INC			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 50 BEALE STREET 10TH FLOOR			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350106.71</div>	
City SAN FRANCISCO	State CA	Zip Code 94105	Date 10 / 30 / 2014	
Purpose of Disbursement: POSTAGE		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350106.71</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
9.24			34.76	
		=	TOTAL AMOUNT	
			44.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8960 <input type="checkbox"/> Memo Item CHI TAXI			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 856-898 N MICHIGAN AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350115.96</div>	
City CHICAGO	State IL	Zip Code 60611	Date 10 / 31 / 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350115.96</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.94			7.31	
		=	TOTAL AMOUNT	
			9.25	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8964 <input type="checkbox"/> Memo Item CHICAGO ELITE CAB			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 2617 S WABASH AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350121.27</div>	
City CHICAGO	State IL	Zip Code 60616	Date 10 / 31 / 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350121.27</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.12			4.19	
		=	TOTAL AMOUNT	
			5.31	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.30		46.26		58.56

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8959 <input type="checkbox"/> Memo Item			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	
CHI TAXI Mailing Address 856-898 N MICHIGAN AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350128.72</div>	
City CHICAGO	State IL	Zip Code 60611	Date MM / DD / YYYY 11 03 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350128.72</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.56			5.89	
=		TOTAL AMOUNT		
7.45				

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8973 <input type="checkbox"/> Memo Item			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	
CURB Mailing Address 5904 RICHMOND HWY SUITE 600			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350136.17</div>	
City ALEXANDRIA	State VA	Zip Code 22303	Date MM / DD / YYYY 11 03 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350136.17</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.56			5.89	
=		TOTAL AMOUNT		
7.45				

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8974 <input type="checkbox"/> Memo Item			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	
CURB Mailing Address 5904 RICHMOND HWY SUITE 600			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350145.42</div>	
City ALEXANDRIA	State VA	Zip Code 22303	Date MM / DD / YYYY 11 03 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350145.42</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.94			7.31	
=		TOTAL AMOUNT		
9.25				

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.06		19.09		24.15

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**

PAGE 150 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9002 <input type="checkbox"/> Memo Item ITALIAN VILLAGE			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 71 W. MONROE ST.			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350242.39</div>	
City CHICAGO	State IL	Zip Code 60603	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11032014 </div>	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350242.39</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">20.36</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">76.61</div>	
		=	TOTAL AMOUNT <div style="border: 1px solid black; padding: 2px; text-align: right;">96.97</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9018 <input type="checkbox"/> Memo Item JIMMY JOHN'S GOURMET SANDWICHES			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 6 E. MADISON STREET			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350480.36</div>	
City CHICAGO	State IL	Zip Code 60604	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11032014 </div>	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350480.36</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">49.97</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">188.00</div>	
		=	TOTAL AMOUNT <div style="border: 1px solid black; padding: 2px; text-align: right;">237.97</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9053 <input type="checkbox"/> Memo Item NEW RIVER RESEARCH INSTITUTE			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 2150 COUNTRY CLUB ROAD SUITE 221			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">351980.36</div>	
City WINSTON-SALEM	State NC	Zip Code 27104	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11032014 </div>	
Purpose of Disbursement: SOFTWARE SERVICES		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">351980.36</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">315.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">1185.00</div>	
		=	TOTAL AMOUNT <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
385.33		1449.61		1834.94

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9098**☐ Memo Item**US BANK**

Mailing Address P.O. BOX 790448

City
ST. LOUISState
MOZip Code
63179Purpose of Disbursement:
EQUIPMENT RENTAL

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

352313.95

Date

M M / D D / Y Y Y Y Y
11 03 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

70.05

263.54

333.59

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9212☐ Memo Item**RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST
2ND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement:
DELIVERY SERVICES

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

352330.76

Date

M M / D D / Y Y Y Y Y
11 03 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

3.53

13.28

16.81

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8943☐ Memo Item**COLLINS, ANDREW, ,**Mailing Address 308 S MAIN ST
APT 10City
EDWARDSVILLEState
ILZip Code
62025Purpose of Disbursement:
REIMBURSEMENT: SEE MEMO ENTRIES

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

353837.07

Date

M M / D D / Y Y Y Y Y
11 04 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

316.33

1189.98

1506.31

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

389.91

1466.80

1856.71

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9001 <input type="checkbox"/> Memo Item ITALIAN VILLAGE			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 71 W. MONROE ST.			Allocated Activity or Event Year-To-Date 353953.90		
City CHICAGO	State IL	Zip Code 60603	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/>	Allocated Activity or Event Year-To-Date 353953.90		
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=
24.53			92.30		TOTAL AMOUNT 116.83

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9886 <input checked="" type="checkbox"/> Memo Item TRUE VALUE			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 1915 W MAIN MURDALE SHOPPING CTR			Allocated Activity or Event Year-To-Date 353953.90		
City CARBONDALE	State IL	Zip Code 62901	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: COLLINS REIMBURSEMENT: OFFICE SUPPLIES		<input type="text"/>	Allocated Activity or Event Year-To-Date 353953.90		
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=
8.20			30.85		TOTAL AMOUNT 39.05

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9887 <input checked="" type="checkbox"/> Memo Item RED ROBIN			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 6699 EDWARDSVILLE XING DR			Allocated Activity or Event Year-To-Date 353953.90		
City EDWARDSVILLE	State IL	Zip Code 62025	Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: COLLINS REIMBURSEMENT: MEETING EXPENSE: MEALS		<input type="text"/>	Allocated Activity or Event Year-To-Date 353953.90		
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=
14.78			55.60		TOTAL AMOUNT 70.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.53		92.30		116.83

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9888 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
CHILI'S GRILL AND BAR			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6311 N ILLINOIS			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: COLLINS REIMBURSEMENT: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 353953.90	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
8.80			33.12	
		=	TOTAL AMOUNT	
			41.92	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9891 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
HAWTHORN SUITES			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 101 TRADE CENTER DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHAMPAIGN	State IL	Zip Code 61820	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: COLLINS REIMBURSEMENT: TRAVEL: LODGING		Category/ Type	Allocated Activity or Event Year-To-Date 353953.90	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
31.47			118.37	
		=	TOTAL AMOUNT	
			149.84	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9892 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
COLLINS, ANDREW, ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 308 S MAIN ST APT 10			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City EDWARDSVILLE	State IL	Zip Code 62025	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: COLLINS REIMBURSEMENT: TRAVEL: MILEAGE		Category/ Type	Allocated Activity or Event Year-To-Date 353953.90	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
253.08			952.04	
		=	TOTAL AMOUNT	
			1205.12	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 154 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8972 <input type="checkbox"/> Memo Item			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	
CURB Mailing Address 5904 RICHMOND HWY SUITE 600			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">353963.55</div>	
City ALEXANDRIA	State VA	Zip Code 22303	Date 11 / 05 / 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">2.03</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">7.62</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">9.65</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9038 <input type="checkbox"/> Memo Item			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	
MCDONALD'S Mailing Address 2111 MCDONALD'S DRIVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">354016.05</div>	
City OAK BROOK	State IL	Zip Code 60523	Date 11 / 05 / 2014	
Purpose of Disbursement: MEETING EXPENSE: MEALS			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">11.03</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">41.47</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9073 <input type="checkbox"/> Memo Item			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	
SAM'S CLUB Mailing Address 2601 S CICERO AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">354196.35</div>	
City CHICAGO	State IL	Zip Code 60804	Date 11 / 05 / 2014	
Purpose of Disbursement: OFFICE SUPPLIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">37.86</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">142.44</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">180.30</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">50.92</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">191.53</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">242.45</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 155 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9083**☐ Memo Item**STARBUCKS**

Mailing Address 131 S DEARBORN STREET

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
MEETING EXPENSE: MEALS

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

354266.41

Date

M M / D D / Y Y Y Y Y Y
11 05 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

14.71

55.35

70.06

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8957☐ Memo Item**CHI TAXI**

Mailing Address 856-898 N MICHIGAN AVE

City
CHICAGOState
ILZip Code
60611Purpose of Disbursement:
TRAVEL: GROUND TRANSPORTATION

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

354276.26

Date

M M / D D / Y Y Y Y Y Y
11 06 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2.07

7.78

9.85

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8958☐ Memo Item**CHI TAXI**

Mailing Address 856-898 N MICHIGAN AVE

City
CHICAGOState
ILZip Code
60611Purpose of Disbursement:
TRAVEL: GROUND TRANSPORTATION

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

354286.31

Date

M M / D D / Y Y Y Y Y Y
11 06 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2.11

7.94

10.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

18.89

71.07

89.96

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9069 <input type="checkbox"/> Memo Item RUDY'S BAR & GRILLE			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 69 E MADISON STREET			Allocated Activity or Event Year-To-Date 354359.64	
City CHICAGO	State IL	Zip Code 60603	Date <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
15.40			57.93	
		=	TOTAL AMOUNT	
			73.33	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9089 <input type="checkbox"/> Memo Item TAXI AFFILIATED SERVICES			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 4536 N. ELSTON AVE.			Allocated Activity or Event Year-To-Date 354368.69	
City CHICAGO	State IL	Zip Code 60630	Date <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.90			7.15	
		=	TOTAL AMOUNT	
			9.05	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8987 <input type="checkbox"/> Memo Item ELEPHANT & CASTLE			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 160 E HURON ST			Allocated Activity or Event Year-To-Date 354412.33	
City CHICAGO	State IL	Zip Code 60611	Date <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
9.16			34.48	
		=	TOTAL AMOUNT	
			43.64	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.46		99.56		126.02

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9011 <input type="checkbox"/> Memo Item			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	
JASON'S DELI Mailing Address 1258 S CANAL ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">354655.43</div>	
City CHICAGO	State IL	Zip Code 60607	Date 11 / 10 / 2014	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">354655.43</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">51.05</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">192.05</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">243.10</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9015 <input type="checkbox"/> Memo Item			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	
JEWEL-OSCO Mailing Address 1224 S WABASH AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">354686.75</div>	
City CHICAGO	State IL	Zip Code 60605	Date 11 / 10 / 2014	
Purpose of Disbursement: OFFICE SUPPLIES		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">354686.75</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">6.58</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">24.74</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">31.32</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9063 <input type="checkbox"/> Memo Item			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	
POTBELLY Mailing Address 542 S DEARBORN ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">355039.61</div>	
City CHICAGO	State IL	Zip Code 60605	Date 11 / 10 / 2014	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">355039.61</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">74.10</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">278.76</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">352.86</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">131.73</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">495.55</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">627.28</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8952 <input type="checkbox"/> Memo Item			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	
GORHAM, CASEY, , , Mailing Address 15105 S MEADOW LN				
City PLAINFIELD	State IL	Zip Code 60544		
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 355059.61
Activity or Event Identifier: Administrative				Date <input type="text"/> 11 / <input type="text"/> 11 / <input type="text"/> 2014
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 4.20			<input type="text"/> 15.80	
		=	TOTAL AMOUNT	
			<input type="text"/> 20.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9012 <input type="checkbox"/> Memo Item			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	
DAULBY, JEN, , MS., Mailing Address 3926 12TH ST S				
City ARLINGTON	State VA	Zip Code 22204		
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 355494.68
Activity or Event Identifier: Administrative				Date <input type="text"/> 11 / <input type="text"/> 11 / <input type="text"/> 2014
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 91.36			<input type="text"/> 343.71	
		=	TOTAL AMOUNT	
			<input type="text"/> 435.07	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9033 <input type="checkbox"/> Memo Item			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	
GROSS, MATTHEW, , , Mailing Address 400 N OAKLAND AVE APT 34				
City CARBONDALE	State IL	Zip Code 62901		
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<input type="text"/>	Allocated Activity or Event Year-To-Date <input type="text"/> 356222.50
Activity or Event Identifier: Administrative				Date <input type="text"/> 11 / <input type="text"/> 11 / <input type="text"/> 2014
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 152.84			<input type="text"/> 574.98	
		=	TOTAL AMOUNT	
			<input type="text"/> 727.82	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
<input type="text"/> 248.40			<input type="text"/> 934.49			<input type="text"/> 1182.89	

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	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9121 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
NATIONAL			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 10124 NATURAL BRIDGE RD			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ST LOUIS	State MO	Zip Code 63134	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: DAULBY REIMBURSEMENT 11/11: CAR RENTAL		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			356657.57	
Date		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>11 / 11 / 2014</div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
91.36			435.07	
343.71		=	TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9122 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
GROSS, MATTHEW, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400 N OAKLAND AVE APT 34			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: RENT		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			357207.57	
Date		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>11 / 11 / 2014</div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
115.50			550.00	
434.50		=	TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9124 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
JIMMY JOHNS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 515.5 S ILLINOIS ST			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			357237.62	
Date		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>11 / 11 / 2014</div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE	
6.31			30.05	
23.74		=	TOTAL AMOUNT	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9125 <input checked="" type="checkbox"/> Memo Item PAPA JOHNS Mailing Address 602 E GRAND AVE City CARBONDALE State IL Zip Code 62901 Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: MEETING EXPENSE: MEALS Activity or Event Identifier: Administrative Category/Type			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 Allocated Activity or Event Year-To-Date 357261.15 Date 11 / 11 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 4.94 + 18.59 = 23.53			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9126 <input checked="" type="checkbox"/> Memo Item SCHNUCKS Mailing Address 915 W MAIN ST City CARBONDALE State IL Zip Code 62901 Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: MEETING EXPENSE: MEALS Activity or Event Identifier: Administrative Category/Type			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 Allocated Activity or Event Year-To-Date 357385.39 Date 11 / 11 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 26.09 + 98.15 = 124.24			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9893 <input checked="" type="checkbox"/> Memo Item SPOTHERO PARKING Mailing Address 212 WEST SUPERIOR SUITE 201 City CHICAGO State IL Zip Code 60654 Purpose of Disbursement: GORHAM REIMBURSEMENT: PARKING Activity or Event Identifier: Administrative Category/Type			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 Allocated Activity or Event Year-To-Date 357385.39 Date 11 / 11 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 4.20 + 15.80 = 20.00			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8969 <input type="checkbox"/> Memo Item			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	
CITY OF NAPERVILLE Mailing Address 400 S EAGLE STREET			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358225.47</div>	
City NAPERVILLE	State IL	Zip Code 60540	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Purpose of Disbursement: UTILITIES		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358225.47</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">130.15</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">489.59</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">619.74</div>

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8979 <input type="checkbox"/> Memo Item			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	
GOPI, DARSHAN, , , Mailing Address 12 KIMBERLY CIRCLE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358581.84</div>	
City OAK BROOK	State IL	Zip Code 60523	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358581.84</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">74.84</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">281.53</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">356.37</div>

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9021 <input type="checkbox"/> Memo Item			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	
CHIGLO, KENNEDY, , , Mailing Address 2211 N BISSELL APT 3			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358612.39</div>	
City CHICAGO	State IL	Zip Code 60614	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358612.39</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">6.42</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">24.13</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">30.55</div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">211.41</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">795.25</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1006.66</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9026 <input type="checkbox"/> Memo Item			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	
LEXIS NEXIS Mailing Address PO BOX 2314			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358882.39</div>	
City CAROL STREAM	State IL	Zip Code 60132	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">358882.39</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">56.70</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">213.30</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">270.00</div>

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9086 <input type="checkbox"/> Memo Item			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	
POTTER, STEPHEN, , II Mailing Address 1920 WAUKEGAN RD STE 210			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359407.44</div>	
City GLENVIEW	State IL	Zip Code 60025	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359407.44</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">110.26</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">414.79</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">525.05</div>

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9087 <input type="checkbox"/> Memo Item			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	
TARGET Mailing Address 2656 N ELSTON AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359498.11</div>	
City CHICAGO	State IL	Zip Code 60647	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Purpose of Disbursement: OFFICE SUPPLIES		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359498.11</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">19.04</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">71.63</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">90.67</div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">186.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">699.72</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">885.72</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9099			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
USPS				<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 100 W. RANDOLPH STREET				Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60664		359701.11	
Purpose of Disbursement: POSTAGE			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.63			160.37		203.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9104			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
WALGREENS				<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 79 W. MONROE STREET				Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60603		359713.88	
Purpose of Disbursement: OFFICE SUPPLIES			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.68			10.09		12.77

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9105			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
WALGREENS				<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 79 W. MONROE STREET				Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60603		359726.65	
Purpose of Disbursement: OFFICE SUPPLIES			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.68			10.09		12.77

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.99		180.55		228.54

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9106 <input type="checkbox"/> Memo Item WALGREENS			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 79 W. MONROE STREET			Allocated Activity or Event Year-To-Date 359758.33	
City CHICAGO	State IL	Zip Code 60603	Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: OFFICE SUPPLIES		<input type="text"/>	Activity or Event Identifier: Administrative	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
6.65 + 25.03 = 31.68				

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9128 <input checked="" type="checkbox"/> Memo Item PIZZA HUT			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 27025 W EAMES ST ROUTE 50			Allocated Activity or Event Year-To-Date 359777.10	
City CHANNAHON	State IL	Zip Code 60410	Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS		<input type="text"/>	Activity or Event Identifier: Administrative	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
3.94 + 14.83 = 18.77				

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9129 <input checked="" type="checkbox"/> Memo Item JEWEL OSCO			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 2051 RIDGE RD			Allocated Activity or Event Year-To-Date 359811.39	
City MINOOKA	State IL	Zip Code 60447	Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: OFFICE SUPPLIES		<input type="text"/>	Activity or Event Identifier: Administrative	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
7.20 + 27.09 = 34.29				

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.65		25.03		31.68

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9131 <input checked="" type="checkbox"/> Memo Item FAT BOY'S PIZZA			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 408 W MONDAMIN ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359833.43</div>	
City MINOOKA	State IL	Zip Code 60447	Date 11 / 12 / 2014	
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">4.63</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">17.41</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">22.04</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9133 <input checked="" type="checkbox"/> Memo Item FAST N FRESH			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 103 N RIDGE RD			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359939.13</div>	
City MINOOKA	State IL	Zip Code 60447	Date 11 / 12 / 2014	
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: TRAVEL: FUEL			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">22.20</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">83.50</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">105.70</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9135 <input checked="" type="checkbox"/> Memo Item MCDONALDS			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 102 N RIDGE RD			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">359966.05</div>	
City MINOOKA	State IL	Zip Code 60447	Date 11 / 12 / 2014	
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">5.65</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">21.27</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">26.92</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 167 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9136 <input checked="" type="checkbox"/> Memo Item LOU MALNATI'S PIZZERIA			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 131 W JEFFERSON AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360137.37</div>	
City NAPERVILLE	State IL	Zip Code 60563	Date 11 / 12 / 2014	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">35.98</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">135.34</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">171.32</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9138 <input checked="" type="checkbox"/> Memo Item PITA LAND			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 7831 W 95TH ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360156.54</div>	
City HICKORY HILLS	State IL	Zip Code 60457	Date 11 / 12 / 2014	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4.03</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">15.14</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">19.17</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9139 <input checked="" type="checkbox"/> Memo Item PAPA JOHNS			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 602 E GRAND AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360173.68</div>	
City CARBONDDALE	State IL	Zip Code 62901	Date 11 / 12 / 2014	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3.60</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">13.54</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">17.14</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 168 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9140 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
BUFFALO WILD WINGS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			Allocated Activity or Event Year-To-Date 360255.91	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Category/Type				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
17.27			64.96	82.23

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9141 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
OFFICE DEPOT			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6 S STATE ST			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: OFFICE SUPPLIES			Allocated Activity or Event Year-To-Date 360262.33	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Category/Type				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
1.35			5.07	6.42

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9142 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
JIMMY JOHNS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 515.5 S ILLINOIS ST			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			Allocated Activity or Event Year-To-Date 360322.42	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
Category/Type				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
12.62			47.47	60.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 169 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9144 <input checked="" type="checkbox"/> Memo Item CHOICE TAXI			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 6550 N CLARK ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360339.72</div>	
City CHICAGO	State IL	Zip Code 60626	Date 11 / 12 / 2014	
Purpose of Disbursement: CHIGLO REIMBURSEMENT 11/12: TRAVEL: GROUND TRANSPORTATION			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
3.63			13.67	
		=	TOTAL AMOUNT	
			17.30	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9146 <input checked="" type="checkbox"/> Memo Item GLOBE TAXI			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 4118 W LAWRENCE AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360352.97</div>	
City CHICAGO	State IL	Zip Code 60630	Date 11 / 12 / 2014	
Purpose of Disbursement: CHIGLO REIMBURSEMENT 11/12: TRAVEL: GROUND TRANSPORTATION			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
2.78			10.47	
		=	TOTAL AMOUNT	
			13.25	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9148 <input checked="" type="checkbox"/> Memo Item GIORDANO'S PIZZA			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 2540 N WAUKEGAN RD			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">360485.53</div>	
City GLENVIEW	State IL	Zip Code 60025	Date 11 / 12 / 2014	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
27.84			104.72	
		=	TOTAL AMOUNT	
			132.56	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9149 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
BUFFALO WILD WINGS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 360715.29	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
48.25			181.51	
		=	TOTAL AMOUNT	
			229.76	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9150 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
STAPLES			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 111 N. WABASH AVENUE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: OFFICE SUPPLIES		Category/ Type	Allocated Activity or Event Year-To-Date 360818.54	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
21.68			81.57	
		=	TOTAL AMOUNT	
			103.25	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9152 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
NOODLES & COMPANY			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1851 TOWER DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City GLENVIEW	State IL	Zip Code 60025	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 360878.02	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
12.49			46.99	
		=	TOTAL AMOUNT	
			59.48	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 171 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9000**☐ Memo Item**ITALIAN VILLAGE**

Mailing Address 71 W. MONROE ST.

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
MEETING EXPENSE: MEALS

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

361084.26

Date

M M / D D / Y Y Y Y Y
11 13 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

43.31

162.93

206.24

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9016☐ Memo Item**JIMMY JOHN'S GOURMET SANDWICHES**

Mailing Address 6 E. MADISON STREET

City
CHICAGOState
ILZip Code
60604Purpose of Disbursement:
MEETING EXPENSE: MEALS

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

361198.69

Date

M M / D D / Y Y Y Y Y
11 13 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

24.03

90.40

114.43

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9017☐ Memo Item**JIMMY JOHN'S GOURMET SANDWICHES**

Mailing Address 6 E. MADISON STREET

City
CHICAGOState
ILZip Code
60604Purpose of Disbursement:
MEETING EXPENSE: MEALS

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

361356.48

Date

M M / D D / Y Y Y Y Y
11 13 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

33.14

124.65

157.79

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

100.48

377.98

478.46

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**

PAGE 172 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9088 <input type="checkbox"/> Memo Item			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	
TAXI AFFILIATED SERVICES Mailing Address 4536 N. ELSTON AVE.			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">361363.73</div>	
City CHICAGO	State IL	Zip Code 60630	Date 11 / 13 / 2014	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">361363.73</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1.52</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">5.73</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">7.25</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9101 <input type="checkbox"/> Memo Item			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	
USPS - OAK BROOK Mailing Address 1314 KENSINGTON ROAD			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">361559.73</div>	
City OAK BROOK	State IL	Zip Code 60523	Date 11 / 13 / 2014	
Purpose of Disbursement: POSTAGE		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">361559.73</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">41.16</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">154.84</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">196.00</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8978 <input type="checkbox"/> Memo Item			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	
GOPI, DARSHAN, , , Mailing Address 12 KIMBERLY CIRCLE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">362028.40</div>	
City OAK BROOK	State IL	Zip Code 60523	Date 11 / 14 / 2014	
Purpose of Disbursement: PAYROLL < 25% FED		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">362028.40</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">98.42</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">370.25</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">468.67</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">141.10</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">530.82</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">671.92</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9020**☐ Memo Item**CHIGLO, KENNEDY, , ,**Mailing Address 2211 N BISSELL
APT 3City
CHICAGOState
ILZip Code
60614Purpose of Disbursement:
PAYROLL < 25% FED

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

362784.87

Date

M M / D D / Y Y Y Y Y Y
11 14 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

158.86

597.61

756.47

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9216☐ Memo Item**STAPLES**

Mailing Address 111 N. WABASH AVENUE

City
CHICAGOState
ILZip Code
60602Purpose of Disbursement:
OFFICE SUPPLIES

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

362837.80

Date

M M / D D / Y Y Y Y Y Y
11 17 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

11.12

41.81

52.93

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8938☐ Memo Item**HENDERSON, ALEXANDER, , ,**Mailing Address 55 W MONROE
STE 940City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
REIMBURSEMENT: SEE MEMO ENTRIES

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

362925.08

Date

M M / D D / Y Y Y Y Y Y
11 18 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

18.33

68.95

87.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

188.31

708.37

896.68

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8944 <input type="checkbox"/> Memo Item WELHOUSE, ANDREW, , ,			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 303 S. HALSTED STREET APT. 2			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">363662.17</div>	
City CHICAGO	State IL	Zip Code 60661	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11 18 2014 </div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">154.79</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">582.30</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">737.09</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8977 <input type="checkbox"/> Memo Item GOPI, DARSHAN, , ,			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 12 KIMBERLY CIRCLE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">363759.48</div>	
City OAK BROOK	State IL	Zip Code 60523	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11 18 2014 </div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">20.44</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">76.87</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">97.31</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8985 <input type="checkbox"/> Memo Item RHODES, DUSTIN, , ,			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 16 MINNIE DR			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">364341.51</div>	
City BELLEVILLE	State IL	Zip Code 62226	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11 18 2014 </div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">122.23</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">459.80</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">582.03</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
297.46		1118.97		1416.43

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9032 <input type="checkbox"/> Memo Item GROSS, MATTHEW, , ,			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 400 N OAKLAND AVE APT 34			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">365405.18</div>	
City CARBONDALE	State IL	Zip Code 62901	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11182014 </div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">223.37</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">840.30</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">1063.67</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9061 <input type="checkbox"/> Memo Item COLLINS, PETER, , ,			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 3200 BARBARA DRIVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">365932.31</div>	
City GLENVIEW	State IL	Zip Code 60026	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11182014 </div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">110.70</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">416.43</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">527.13</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9074 <input type="checkbox"/> Memo Item LAWRENCE, SAMUEL, J, ,			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 102 N MCCULLOUGH ST STE 940			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">366221.51</div>	
City URBANA	State IL	Zip Code 61801	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11182014 </div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
Activity or Event Identifier: Administrative			Category/ Type	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">60.73</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">228.47</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">289.20</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">394.80</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1485.20</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1880.00</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9085 <input type="checkbox"/> Memo Item			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	
POTTER, STEPHEN, , , II Mailing Address 1920 WAUKEGAN RD STE 210				
City GLENVIEW	State IL	Zip Code 60025		
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">366861.72</div>	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">134.44</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">505.77</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">640.21</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9103 <input type="checkbox"/> Memo Item			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	
WALGREENS Mailing Address 79 W. MONROE STREET				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: OFFICE SUPPLIES			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">366920.27</div>	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">12.30</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">46.25</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">58.55</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9110 <input type="checkbox"/> Memo Item			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	
WOW ACCESS Mailing Address 184 SHUMAN BLVD. SUITE 100				
City NAPERVILLE	State IL	Zip Code 60563		
Purpose of Disbursement: BROADBAND SERVICES			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">367070.17</div>	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">31.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">118.42</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">149.90</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.22		670.44		848.66

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9153 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
UPS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 516 N. OGDEN AVE.			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60642	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: HENDERSON REIMBURSEMENT 11/18: POSTAGE		Category/ Type	Allocated Activity or Event Year-To-Date 367157.45	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
18.33			68.95	
		=	TOTAL AMOUNT	
			87.28	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9154 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
COLLINS, ANDREW, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 308 S MAIN ST APT 10			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City EDWARDSVILLE	State IL	Zip Code 62025	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL: MILEAGE		Category/ Type	Allocated Activity or Event Year-To-Date 367568.49	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
86.32			324.72	
		=	TOTAL AMOUNT	
			411.04	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9156 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
ORDERFIND.COM			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 225 E JOHN CARPENTER FREEWAY STE 1500			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City IRVING	State TX	Zip Code 75062	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: COMPUTER SOFTWARE		Category/ Type	Allocated Activity or Event Year-To-Date 367816.03	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
51.98			195.56	
		=	TOTAL AMOUNT	
			247.54	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9158 <input checked="" type="checkbox"/> Memo Item THE STATE HOUSE INN			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 101 E ADAMS ST							
City SPRINGFIELD	State IL	Zip Code 62701					
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: LODGING			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">367922.42</div>				
Activity or Event Identifier: Administrative							
			Date MM / DD / YYYY 11 / 18 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
22.34			84.05			106.39	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9160 <input checked="" type="checkbox"/> Memo Item KOAM TAXI			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 6330 N CLARK ST							
City CHICAGO	State IL	Zip Code 60660					
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: GROUND TRANSPORTATION			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">367929.42</div>				
Activity or Event Identifier: Administrative							
			Date MM / DD / YYYY 11 / 18 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
1.47			5.53			7.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9162 <input checked="" type="checkbox"/> Memo Item DISPATCH TAXI			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 4536 N ELSTON AVE							
City CHICAGO	State IL	Zip Code 60631					
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: GROUND TRANSPORTATION			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">367941.42</div>				
Activity or Event Identifier: Administrative							
			Date MM / DD / YYYY 11 / 18 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
2.52			9.48			12.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9163 <input checked="" type="checkbox"/> Memo Item OFFICE DEPOT			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 6 S STATE ST				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES			Allocated Activity or Event Year-To-Date 368096.52	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
Category/Type				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
32.57			122.53	155.10

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9165 <input checked="" type="checkbox"/> Memo Item YELLOW CAB			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 3351 W ADDISON ST				
City CHICAGO	State IL	Zip Code 60618		
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: GROUND TRANSPORTATION			Allocated Activity or Event Year-To-Date 368112.52	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
Category/Type				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
3.36			12.64	16.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9166 <input checked="" type="checkbox"/> Memo Item TARGET			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 2656 N ELSTON AVE				
City CHICAGO	State IL	Zip Code 60647		
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES			Allocated Activity or Event Year-To-Date 368185.69	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
Category/Type				
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
15.37			57.80	73.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9167 <input checked="" type="checkbox"/> Memo Item USPS			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 100 W. RANDOLPH STREET			Allocated Activity or Event Year-To-Date 368224.89		
City CHICAGO	State IL	Zip Code 60664	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: POSTAGE			Category/ Type		
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		=
8.23			30.97		TOTAL AMOUNT 39.20

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9169 <input checked="" type="checkbox"/> Memo Item MICHAELS			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 3131 N CLARK ST			Allocated Activity or Event Year-To-Date 368258.83		
City CHICAGO	State IL	Zip Code 60657	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES			Category/ Type		
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		=
7.13			26.81		TOTAL AMOUNT 33.94

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9171 <input checked="" type="checkbox"/> Memo Item CVS			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 205 N MICHIGAN AVE			Allocated Activity or Event Year-To-Date 368305.58		
City CHICAGO	State IL	Zip Code 60601	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>		
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES			Category/ Type		
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE		=
9.82			36.93		TOTAL AMOUNT 46.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 181 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9172			<input checked="" type="checkbox"/> Memo Item	Allocated Activity or Event:	
UPS				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 516 N. OGDEN AVE.				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City CHICAGO	State IL	Zip Code 60642		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/18: POSTAGE			Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				368402.89	
				Date	MM / DD / YYYY
				11	18 / 2014
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.44			76.87		97.31

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9174			<input checked="" type="checkbox"/> Memo Item	Allocated Activity or Event:	
PANERA BREAD				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 5917 N ILLINOIS ST				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				368469.65	
				Date	MM / DD / YYYY
				11	18 / 2014
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.02			52.74		66.76

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9175			<input checked="" type="checkbox"/> Memo Item	Allocated Activity or Event:	
STARBUCKS				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 131 S DEARBORN STREET				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				368500.04	
				Date	MM / DD / YYYY
				11	18 / 2014
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.38			24.01		30.39

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 182 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9176 <input checked="" type="checkbox"/> Memo Item			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				
SAM'S CLUB Mailing Address 2601 S CICERO AVE							
City CHICAGO	State IL	Zip Code 60804					
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: OFFICE SUPPLIES		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">368867.76</div>				
Activity or Event Identifier: Administrative			Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
77.22			290.50			367.72	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9178 <input checked="" type="checkbox"/> Memo Item			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				
KRISPY KREME Mailing Address 5812 N ILLINOIS ST							
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208					
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">368912.41</div>				
Activity or Event Identifier: Administrative			Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
9.38			35.27			44.65	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9179 <input checked="" type="checkbox"/> Memo Item			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				
WAL-MART Mailing Address 2080 N ST ROUTE 50							
City BOURBONNAIS	State IL	Zip Code 60914					
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: OFFICE SUPPLIES		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; width: 150px; text-align: right; padding: 2px;">368984.92</div>				
Activity or Event Identifier: Administrative			Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
15.23			57.28			72.51	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 183 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9180 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
GROSS, MATTHEW, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400 N OAKLAND AVE APT 34			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MILEAGE		Category/ Type	Allocated Activity or Event Year-To-Date 369171.40	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
39.16			147.32	
		=	TOTAL AMOUNT	
			186.48	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9181 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
WAL-MART			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2080 N ST ROUTE 50			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BOURBONNAIS	State IL	Zip Code 60914	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: OFFICE SUPPLIES		Category/ Type	Allocated Activity or Event Year-To-Date 369182.23	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
2.27			8.56	
		=	TOTAL AMOUNT	
			10.83	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9183 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
QUATROS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 222 W FREEMAN			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 369201.45	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.04			15.18	
		=	TOTAL AMOUNT	
			19.22	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 184 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9185 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
IMPARK			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 172 W MADISON			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: PARKING		Category/ Type	Allocated Activity or Event Year-To-Date 369239.45	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
7.98			30.02	
		=	TOTAL AMOUNT	
			38.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9186 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
GROSS, MATTHEW, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400 N OAKLAND AVE APT 34			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: RENT		Category/ Type	Allocated Activity or Event Year-To-Date 369789.45	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
115.50			434.50	
		=	TOTAL AMOUNT	
			550.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9187 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
STAPLES			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 111 N. WABASH AVENUE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: OFFICE SUPPLIES		Category/ Type	Allocated Activity or Event Year-To-Date 369863.22	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
15.49			58.28	
		=	TOTAL AMOUNT	
			73.77	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 185 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9188 <input checked="" type="checkbox"/> Memo Item JIMMY JOHNS			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 515.5 S ILLINOIS ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">369885.17</div>	
City CARBONDALE	State IL	Zip Code 62901	Date 11 / 18 / 2014	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">4.61</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">17.34</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">21.95</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9189 <input checked="" type="checkbox"/> Memo Item PAPA JOHNS			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 602 E GRAND AVE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">369903.26</div>	
City CARBONDDALE	State IL	Zip Code 62901	Date 11 / 18 / 2014	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3.80</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">14.29</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">18.09</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9190 <input checked="" type="checkbox"/> Memo Item SCHNUCKS			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 915 W MAIN ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">370048.59</div>	
City CARBONDALE	State IL	Zip Code 62901	Date 11 / 18 / 2014	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">30.52</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">114.81</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.33</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 186 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9191 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
BUFFALO WILD WINGS			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: PETER COLLINS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date 370117.06	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
14.38			54.09	
		=	TOTAL AMOUNT	
			68.47	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9192 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
FEDEX			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 942 S. SHADY GROVE ROAD			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MEMPHIS	State TN	Zip Code 38119	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: PETER COLLINS REIMBURSEMENT 11/18: DELIVERY SERVICES		Category/ Type	Allocated Activity or Event Year-To-Date 370554.72	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
91.91			345.75	
		=	TOTAL AMOUNT	
			437.66	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9194 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
METRA			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1401 SHERMAN AVE			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City NORTHBROOK	State IL	Zip Code 60052	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: PETER COLLINS REIMBURSEMENT 11/18: TRAVEL: RAIL		Category/ Type	Allocated Activity or Event Year-To-Date 370575.72	
Activity or Event Identifier: Administrative			Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.41			16.59	
		=	TOTAL AMOUNT	
			21.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9196 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
MANZELLAS ITALIAN RESTAURANT			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 113 S FIRST ST			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHAMPAIGN	State IL	Zip Code 61820	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LAWRENCE REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			370719.05	
Date		M M / D D / Y Y Y Y Y Y 11 / 18 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE	
30.10			113.23	
		=	TOTAL AMOUNT	
			143.33	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9197 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
WAL-MART			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2080 N ST ROUTE 50			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BOURBONNAIS	State IL	Zip Code 60914	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LAWRENCE REIMBURSEMENT 11/18: OFFICE SUPPLIES		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			370826.93	
Date		M M / D D / Y Y Y Y Y Y 11 / 18 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE	
22.65			85.23	
		=	TOTAL AMOUNT	
			107.88	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9199 <input checked="" type="checkbox"/> Memo Item			Allocated Activity or Event:	
BOOST MOBILE			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9060 IRVINE CENTER DR			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City IRVINE	State CA	Zip Code 92618	<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LAWRENCE REIMBURSEMENT 11/18: MOBILE PHONE EXPENSE		Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative			370864.92	
Date		M M / D D / Y Y Y Y Y Y 11 / 18 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE	
7.98			30.01	
		=	TOTAL AMOUNT	
			37.99	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9200 <input checked="" type="checkbox"/> Memo Item BUFFALO WILD WINGS			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 1023 BROOKFOREST DR				
City SHOREWOOD	State IL	Zip Code 60404		
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">371004.10</div>	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">29.23</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">109.95</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">139.18</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9201 <input checked="" type="checkbox"/> Memo Item NOODLES & COMPANY			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 1851 TOWER DR				
City GLENVIEW	State IL	Zip Code 60025		
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">371063.58</div>	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">12.49</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">46.99</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">59.48</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9203 <input checked="" type="checkbox"/> Memo Item TWIN DRAGON RESTAURANT			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 9046 W GOLF RD				
City NILES	State IL	Zip Code 60714		
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">371246.88</div>	
Activity or Event Identifier: Administrative			Date 11 / 18 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">38.49</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">144.81</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">183.30</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
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))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9204			<input checked="" type="checkbox"/> Memo Item	Allocated Activity or Event:	
UPS				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 516 N. OGDEN AVE.				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City CHICAGO	State IL	Zip Code 60642		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: POSTAGE			Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				371475.78	
Date			M M / D D / Y Y Y Y Y Y 11 / 18 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
48.07			180.83		228.90

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9205			<input checked="" type="checkbox"/> Memo Item	Allocated Activity or Event:	
STAPLES				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 111 N. WABASH AVENUE				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City CHICAGO	State IL	Zip Code 60602		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: OFFICE SUPPLIES			Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				371505.13	
Date			M M / D D / Y Y Y Y Y Y 11 / 18 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
6.16			23.19		29.35

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9211			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
RED CURVE SOLUTIONS				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 138 CONANT ST 2ND FLOOR				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City BEVERLY	State MA	Zip Code 01915		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: DELIVERY SERVICES			Category/ Type	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				371523.43	
Date			M M / D D / Y Y Y Y Y Y 11 / 18 / 2014		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3.84			14.46		18.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.84		14.46		18.30

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9215			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
STAPLES				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 111 N. WABASH AVENUE				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City CHICAGO	State IL	Zip Code 60602		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE SUPPLIES			<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				371525.01	
Date			<input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE			+	NONFEDERAL SHARE	
0.33				1.25	
			=	TOTAL AMOUNT	
				1.58	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8935			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
MCLEAN, ADAM, , ,				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 8200 PIN OAK RD				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City EDWARDSVILLE	State IL	Zip Code 62025		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				371817.01	
Date			<input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE			+	NONFEDERAL SHARE	
61.32				230.68	
			=	TOTAL AMOUNT	
				292.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8936			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
LONG, ADRIANNE, , ,				<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
Mailing Address 119 WOLF AVE				<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
City HAMEL	State IL	Zip Code 62046		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			<input type="text"/>	Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative				372817.01	
Date			<input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE			+	NONFEDERAL SHARE	
210.00				790.00	
			=	TOTAL AMOUNT	
				1000.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
271.65		1021.93		1293.58

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8937 <input type="checkbox"/> Memo Item TROUT, ALEC, , , Mailing Address 136 FAIRWAY DR City WATERLOO State IL Zip Code 62298 Purpose of Disbursement: FIELD CONSULTING < 25% FED Activity or Event Identifier: Administrative Category/Type			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 Allocated Activity or Event Year-To-Date 373067.01 Date 11 / 19 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 52.50 197.50 250.00			

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8939 <input type="checkbox"/> Memo Item BRESCHI, ALEXANDRA, , , Mailing Address 252 GIBSON ST City CARISLE State PA Zip Code 17013 Purpose of Disbursement: FIELD CONSULTING < 25% FED Activity or Event Identifier: Administrative Category/Type			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 Allocated Activity or Event Year-To-Date 374067.01 Date 11 / 19 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 210.00 790.00 1000.00			

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8941 <input type="checkbox"/> Memo Item KRUEGER, ALEXANDREA, , , Mailing Address 55 W MONROE City CHICAGO State IL Zip Code 60603 Purpose of Disbursement: FIELD CONSULTING < 25% FED Activity or Event Identifier: Administrative Category/Type			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 Allocated Activity or Event Year-To-Date 374317.01 Date 11 / 19 / 2014
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 52.50 197.50 250.00			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8942 <input type="checkbox"/> Memo Item			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	
HERRERA, ALMA, , , Mailing Address 8209 WILMOT RD				
City SPRING GROVE	State IL	Zip Code 60081		
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">374567.01</div>	
Activity or Event Identifier: Administrative			Date 11 / 19 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8948 <input type="checkbox"/> Memo Item			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	
POLONY, BENJAMIN, , , Mailing Address 55 W MONROE				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">375067.01</div>	
Activity or Event Identifier: Administrative			Date 11 / 19 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">395.00</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8949 <input type="checkbox"/> Memo Item			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	
MILLER, BRENNAN, , , Mailing Address 1042 ENCLAVE BLVD APT 303B				
City EDWARDSVILLE	State IL	Zip Code 62025		
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">375400.01</div>	
Activity or Event Identifier: Administrative			Date 11 / 19 / 2014	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">69.93</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">263.07</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">333.00</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.43		855.57		1083.00

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8976 <input type="checkbox"/> Memo Item GARCIA, DANIELA, , ,			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 322 W TREEHOUSE LN			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">375650.01</div>	
City ROUND LAKE	State IL	Zip Code 60073	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11192014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">375650.01</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8982 <input type="checkbox"/> Memo Item SCAFIDI, DOMINICK, , ,			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 55 W MONROE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">375900.01</div>	
City CHICAGO	State IL	Zip Code 60603	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11192014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">375900.01</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8984 <input type="checkbox"/> Memo Item CONKEY, DONALD, , ,			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 1122 LOCUST RD			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">376900.01</div>	
City WILMETTE	State IL	Zip Code 60091	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11192014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">376900.01</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; text-align: right;">315.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1185.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>

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
<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8990 <input type="checkbox"/> Memo Item			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	
SANDMAN, EVAN, , , Mailing Address 55 W MONROE				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 377150.01	
Activity or Event Identifier: Administrative			Date <input type="text"/> 11 / <input type="text"/> 19 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 52.50			<input type="text"/> 197.50	
		=	TOTAL AMOUNT	
			<input type="text"/> 250.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8997 <input type="checkbox"/> Memo Item			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	
WILSON, HANNAHRAE, , , Mailing Address 55 W MONROE				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 377400.01	
Activity or Event Identifier: Administrative			Date <input type="text"/> 11 / <input type="text"/> 19 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 52.50			<input type="text"/> 197.50	
		=	TOTAL AMOUNT	
			<input type="text"/> 250.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8999 <input type="checkbox"/> Memo Item			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	
NANGIA, HIRSCH, , , Mailing Address 55 W MONROE				
City CHICAGO	State IL	Zip Code 60603		
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<input type="text"/> Category/ Type	Allocated Activity or Event Year-To-Date <input type="text"/> 377650.01	
Activity or Event Identifier: Administrative			Date <input type="text"/> 11 / <input type="text"/> 19 / <input type="text"/> 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
<input type="text"/> 52.50			<input type="text"/> 197.50	
		=	TOTAL AMOUNT	
			<input type="text"/> 250.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/> 157.50		<input type="text"/> 592.50		<input type="text"/> 750.00

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9003 <input type="checkbox"/> Memo Item LUPSE, IULIA, , ,			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 209 N CATHY LN			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">377900.01</div>	
City MT PROSPECT	State IL	Zip Code 60056	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11192014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Activity or Event Identifier: Administrative	
<div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> </div>				

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9005 <input type="checkbox"/> Memo Item HAWKINS, JAMES, , ,			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 708 PONTIAC CT			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">378150.01</div>	
City ROUND LAKE HEIGHTS	State IL	Zip Code 60073	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11192014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Activity or Event Identifier: Administrative	
<div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div> </div>				

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9007 <input type="checkbox"/> Memo Item TALLIS, JAMES, , ,			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 55 W MONROE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">378650.01</div>	
City CHICAGO	State IL	Zip Code 60603	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11192014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Category/ Type	Activity or Event Identifier: Administrative	
<div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">395.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </div>				

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

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**

PAGE 196 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9014**☐ Memo Item**BECKER, JENNIFER, , ,**

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

378900.01

Date

M M / D D / Y Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9019☐ Memo Item**DYSLIN, JOHN, , ,**Mailing Address 820 BUTTERNUT LN
UNIT CCity
MT PROSPECTState
ILZip Code
60056Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

379400.01

Date

M M / D D / Y Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

105.00

395.00

500.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9023☐ Memo Item**WADOWSKI, KEVIN, , ,**

Mailing Address 3704 DEERWOOD DR

City
LONG GROVEState
ILZip Code
60047Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

379650.01

Date

M M / D D / Y Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

210.00

790.00

1000.00

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**

PAGE 197 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9030**☐ Memo Item**VESEL, LULIA, , ,**

Mailing Address 644 SHABONEE TRAIL

City
MT PROSPECTState
ILZip Code
60056Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

379900.01

Date

M M / D D / Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9031☐ Memo Item**GORNIA, MATEUSZ, , ,**Mailing Address 9459 BAY COLONY DR
APT 3SCity
DES PLAINESState
ILZip Code
60016Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

380150.01

Date

M M / D D / Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9047☐ Memo Item**PAWEL PIRGA, MICHAEL, , ,**

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

380400.01

Date

M M / D D / Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

157.50

592.50

750.00

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9048 <input type="checkbox"/> Memo Item WHITE, MICHAEL, , ,			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 1015 KNOLL LN			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">380650.01</div>	
City WHILMETTE	State IL	Zip Code 60091	Date 11 / 19 / 2014	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			<input type="text"/>	
Activity or Event Identifier: Administrative			Category/ Type <input type="text"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9049 <input type="checkbox"/> Memo Item LUCE, MIRANDA, , ,			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 540 PINE LAKE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">381650.01</div>	
City LAKE FOREST	State IL	Zip Code 60045	Date 11 / 19 / 2014	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			<input type="text"/>	
Activity or Event Identifier: Administrative			Category/ Type <input type="text"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9051 <input type="checkbox"/> Memo Item LEEFERS, MITCHELL, , ,			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 55 W MONROE			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">381900.01</div>	
City CHICAGO	State IL	Zip Code 60603	Date 11 / 19 / 2014	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			<input type="text"/>	
Activity or Event Identifier: Administrative			Category/ Type <input type="text"/>	
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div>	
			<div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9052 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
HOTH, NANCY, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 261 DIAMOND HEAD DR			<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	
DES PLAINES	IL	60018	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<input type="text"/>	382150.01	
Activity or Event Identifier: Administrative		Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
			11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
52.50			197.50	250.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9060 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
BURNS, PETER, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4818 HEATHER LN			<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	
BETHALTO	IL	62010	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<input type="text"/>	382650.01	
Activity or Event Identifier: Administrative		Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
			11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
105.00			395.00	500.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9065 <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
SANTI, RICHARD, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE			<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	
CHICAGO	IL	60603	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<input type="text"/>	382900.01	
Activity or Event Identifier: Administrative		Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
			11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	= TOTAL AMOUNT
52.50			197.50	250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9071**☐ Memo Item**BRANNAN, RYAN, , ,**

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

383150.01

Date

M M / D D / Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9077☐ Memo Item**MORADI, SARA, , ,**Mailing Address 1216 PINE ST
APT ACity
GLENVIEWState
ILZip Code
60025Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

383400.01

Date

M M / D D / Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9079☐ Memo Item**SHUBHAM, PAUL, , ,**

Mailing Address 55 W MONROE

City
CHICAGOState
ILZip Code
60603Purpose of Disbursement:
FIELD CONSULTING < 25% FED

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

383650.01

Date

M M / D D / Y Y Y Y Y
11 19 2014

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

52.50

197.50

250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

157.50

592.50

750.00

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**

PAGE 201 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9084 <input type="checkbox"/> Memo Item MCCARTHY, STEPHANIE, , ,			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 108 CLUB CENTER CIR APT 9							
City EDWARDSVILLE	State IL	Zip Code 62025					
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">384150.01</div>				
Activity or Event Identifier: Administrative							
			Date 11 / 19 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
105.00			395.00			500.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9093 <input type="checkbox"/> Memo Item SCHNEIDER, TIMOTHY, , ,			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 640 TIMBER RIDGE DR							
City BARTLETT	State IL	Zip Code 60103					
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">384498.15</div>				
Activity or Event Identifier: Administrative							
			Date 11 / 19 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
73.11			275.03			348.14	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9939 <input checked="" type="checkbox"/> Memo Item EMBASSY SUITES			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 201 HARRISON OAKS BLVD							
City CARY	State NC	Zip Code 27513					
Purpose of Disbursement: SCHNEIDER REIMBURSEMENT: TRAVEL: LODGING			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">384498.15</div>				
Activity or Event Identifier: Administrative							
			Date 11 / 19 / 2014				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
61.56			231.58			293.14	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.11		670.03		848.14

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**

PAGE 202 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9941 <input checked="" type="checkbox"/> Memo Item O'HARE AIRPORT			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 10000 W O'HARE AVE			Allocated Activity or Event Year-To-Date 384498.15	
City CHICAGO	State IL	Zip Code 60666	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: SCHNEIDER REIMBURSEMENT: PARKING			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
7.14			26.86	
		=	TOTAL AMOUNT	
			34.00	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9943 <input checked="" type="checkbox"/> Memo Item TAXI CAB IN CARY LLC			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 SUMMER RIDGE TOWNHOMES			Allocated Activity or Event Year-To-Date 384498.15	
City CARY	State NC	Zip Code 27511	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: SCHNEIDER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
4.41			16.59	
		=	TOTAL AMOUNT	
			21.00	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9214 <input type="checkbox"/> Memo Item STAPLES			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 111 N. WABASH AVENUE			Allocated Activity or Event Year-To-Date 384595.82	
City CHICAGO	State IL	Zip Code 60602	Date <input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: OFFICE SUPPLIES			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
20.51			77.16	
		=	TOTAL AMOUNT	
			97.67	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.51		77.16		97.67

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8954 <input type="checkbox"/> Memo Item CHANDLER'S CHOP HOUSE			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 401 N ROSELLE RD			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">386596.97</div>	
City SCHAUMBURG	State IL	Zip Code 60194	Date MM / DD / YYYY 11 / 24 / 2014	
Purpose of Disbursement: MEETING EXPENSE: MEALS			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">420.24</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1580.91</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2001.15</div>

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8967 <input type="checkbox"/> Memo Item PIPER, CHRISTOPHER, , ,			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 2303 BELMORE DR			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">387596.97</div>	
City CHAMPAIGN	State IL	Zip Code 61821	Date MM / DD / YYYY 11 / 24 / 2014	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.8988 <input type="checkbox"/> Memo Item SMITH, ETHAN, , ,			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 110 E CHALMERS ST			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">388596.97</div>	
City CHAMPAIGN	State IL	Zip Code 61820	Date MM / DD / YYYY 11 / 24 / 2014	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Category/ Type	
Activity or Event Identifier: Administrative				
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.24		3160.91		4001.15

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**

PAGE 204 OF 206

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.8992			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
FREECONFERENCE				<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 4300 E PACIFIC COAST HWY				Allocated Activity or Event Year-To-Date	
City LONG BEACH	State CA	Zip Code 90804		388702.73	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.21			83.55		105.76

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.8993			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
GODADDY.COM				<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 14455 N HAYDEN RD SUITE 226				Allocated Activity or Event Year-To-Date	
City SCOTTSDALE	State AZ	Zip Code 85260		388715.74	
Purpose of Disbursement: WEB HOSTING			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.73			10.28		13.01

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9025			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
DECKER, KOREY, , ,				<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 55 W MONROE				Allocated Activity or Event Year-To-Date	
City CHICAGO	State IL	Zip Code 60603		389715.74	
Purpose of Disbursement: FIELD CONSULTING < 25% FED			Category/ Type	Date	
Activity or Event Identifier: Administrative				M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
234.94		883.83		1118.77

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9035 <input type="checkbox"/> Memo Item WEISS, MAXWELL, , ,			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 110 E CHALMERS			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">390715.74</div>	
City CHAMPAIGN	State IL	Zip Code 61820	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11242014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Activity or Event Identifier: Administrative	
<div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </div>				

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9040 <input type="checkbox"/> Memo Item MEDIACOM			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 PO BOX 5744			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">391633.95</div>	
City CAROL STREAM	State IL	Zip Code 60197	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11242014 </div>	
Purpose of Disbursement: RENT & UTILITIES		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Activity or Event Identifier: Administrative	
<div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">192.82</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">725.39</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">918.21</div> </div>				

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.9045 <input type="checkbox"/> Memo Item LAUREANO, MICHAEL, , ,			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 1007 S FIRST ST #8			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">392633.95</div>	
City CHAMPAIGN	State IL	Zip Code 61820	Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 11242014 </div>	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Category/ Type	Activity or Event Identifier: Administrative	
<div style="display: flex; justify-content: space-between;"> FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">210.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">790.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </div>				

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
612.82		2305.39		2918.21

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**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.9108 <input type="checkbox"/> Memo Item WEST BEND MUTUAL INSURANCE			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 <div style="border: 1px solid black; padding: 2px; text-align: right;">393109.04</div>	
City ELMHURST	State IL	Zip Code 60126		
Purpose of Disbursement: LIABILITY INSURANCE		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Date <div style="border: 1px solid black; padding: 2px;">11</div> / <div style="border: 1px solid black; padding: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Activity or Event Identifier: Administrative				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px;">99.77</div>			<div style="border: 1px solid black; padding: 2px;">375.32</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px;">475.09</div>	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.9546 <input type="checkbox"/> Memo Item KARLOVICS, SARA, , ,			Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" 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 PO BOX 7941			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">12666.98</div>	
City GURNEE	State IL	Zip Code 60031		
Purpose of Disbursement: FUNDRAISING CONSULTING		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Date <div style="border: 1px solid black; padding: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px;">20</div> / <div style="border: 1px solid black; padding: 2px;">2014</div>	
Activity or Event Identifier: 7.11.14 Fundraising event(07/11/2014)				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px;">34.40</div>			<div style="border: 1px solid black; padding: 2px;">5.60</div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px;">40.00</div>	

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input 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			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code		
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	Date <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div> / <div style="border: 1px solid black; padding: 2px;"></div>	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
<div style="border: 1px solid black; padding: 2px;"></div>			<div style="border: 1px solid black; padding: 2px;"></div>	
		=	TOTAL AMOUNT	
			<div style="border: 1px solid black; padding: 2px;"></div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px;">134.17</div>		<div style="border: 1px solid black; padding: 2px;">380.92</div>		<div style="border: 1px solid black; padding: 2px;">515.09</div>

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
<div style="border: 1px solid black; padding: 2px;">14605.44</div>	<div style="border: 1px solid black; padding: 2px;">54820.45</div>	<div style="border: 1px solid black; padding: 2px;">69425.89</div>