

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 709 NORTH AVENUE  
 Check if different than previously reported. (ACC)  
WAUKEGAN IL 60085

2. **FEC IDENTIFICATION NUMBER** C00448795  
**3. IS THIS REPORT**  NEW (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 Quarterly 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

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

Signature of Treasurer Electronically Filed by Peter Couval Date 12 02 2010

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ILLINOIS VICTORY

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		33418.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	102842.45									
(c) Total Receipts (from Line 19) .....	768544.54	1137427.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	871386.99	1170845.11								
7. Total Disbursements (from Line 31) .....	632227.85	931685.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	239159.14	239159.14								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

Write or Type Committee Name  
ILLINOIS VICTORY

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	110850.00	227050.00
(ii) Unitemized .....	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	110850.00	227100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	92099.54	117704.35
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	202949.54	344804.35
12. Transfers From Affiliated/Other Party Committees .....	565595.00	783270.25
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	9352.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	768544.54	1137427.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	768544.54	1137427.10

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	516555.63	686148.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	516555.63	686148.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 .....	115672.22	243537.67
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	115672.22	243537.67
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	632227.85	931685.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	632227.85	931685.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	202949.54	344804.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	202949.54	344804.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	516555.63	686148.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	9352.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	516555.63	676795.80

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 86  
(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 VICTORY

**A.** Full Name (Last, First, Middle Initial)  
Richard Biller

Mailing Address 28 Edgewood Ct

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY  
10 / 29 / 2010

**Transaction ID:** SA11AI.8483

Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Aesook Byon-Wagner

Mailing Address 218 N Water

City State Zip Code  
Geneva IL 60134

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BROOKHAVEN NATIONAL LABOR- ATOR Physicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.8329

Amount of Each Receipt this Period 5000.00

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

Mailing Address 20 W 72nd St,

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Columbia U Adj Prof

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
10 / 29 / 2010

**Transaction ID:** SA11AI.8476

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 7900.00

**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 7 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

**A.** Full Name (Last, First, Middle Initial)  
George Dornis

Mailing Address 6612 N Spokane Ln

City State Zip Code  
Lincolnwood IL 60712

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

Name of Employer Cermak Produce      Occupation Owner

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** SA11AI.8452

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Doyle

Mailing Address 1102 Shady Lane

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Iomas Research LLC      Occupation CEO

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** SA11AI.8480

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 489 Douglass St,

City State Zip Code  
San Francisco CA 94114

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

Name of Employer Finney Capital      Occupation Managing Director

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** SA11AI.8465

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►      16000.00

**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 8 / 86  
(check only one)

<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 VICTORY

**A.**

Full Name (Last, First, Middle Initial)  
Fred Foster

Mailing Address 538 Linden Ct

City State Zip Code  
Verona WI 53593

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

Name of Employer  
Electronic Theatre Contr-  
ols

Occupation  
Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.8474

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
George Foster

Mailing Address 7584 Lokken Ln

City State Zip Code  
Verona WI 53593

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

Name of Employer  
None

Occupation  
retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.8472

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Anna Giannoulis

Mailing Address 6007 N Sheridan Rd

City State Zip Code  
Chicago IL 60660

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

Name of Employer  
none

Occupation  
retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.8450

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **20000.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

**A.** Full Name (Last, First, Middle Initial)  
Carie Rae Giannoulis

Mailing Address 20 E Cedar St

City Chicago State IL Zip Code 60611

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

Name of Employer None Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 10 / 26 / 2010

Transaction ID: SA11AI.8459

Amount of Each Receipt this Period 20000.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Kock

Mailing Address 2012 N Mohawk

City Chicago State IL Zip Code 60614

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

Name of Employer Investment Banker Occupation Credit Suisse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.8469

Amount of Each Receipt this Period 1000.00

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

Mailing Address 5306 W Pratt

City Skokie State IL Zip Code 60077

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

Name of Employer LAKHANI HOSPITALITY, INC Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 25 / 2010

Transaction ID: SA11AI.8456

Amount of Each Receipt this Period 10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 31000.00

**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 10 / 86  
(check only one)

<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 VICTORY

**A.**

Full Name (Last, First, Middle Initial)  
Henry Lord

Mailing Address 313 Audubon Ct

City State Zip Code  
New Haven CT 06510

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** SA11AI.8467

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
John Marks

Mailing Address 600 W Jackson Blvd

City State Zip Code  
Chicago IL 60661

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

Name of Employer MARK IV REALTY Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** SA11AI.8446

Amount of Each Receipt this Period  
8200.00

**C.**

Full Name (Last, First, Middle Initial)  
Verona Mclaskey

Mailing Address 6112 NW El Rey Dr

City State Zip Code  
Camas WA 98607

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

Name of Employer none Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** SA11AI.8478

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8950.00**

**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 11 / 86  
(check only one)

<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 VICTORY

**A.**

Full Name (Last, First, Middle Initial)  
Peter Parthenis

Mailing Address 1726 Clover Dr

City Inverness State IL Zip Code 60067

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

Name of Employer: Greek Delight Food Occupation: Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 10 / 25 / 2010

Transaction ID: SA11AI.8454

Amount of Each Receipt this Period: 10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Reza Toulabi

Mailing Address 140 Sheridan Rd

City Winnetka State IL Zip Code 60093

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

Name of Employer: Reza's Occupation: Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 12000.00

Date of Receipt: 10 / 28 / 2010

Transaction ID: SA11AI.8461

Amount of Each Receipt this Period: 12000.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Wagner

Mailing Address 233 E. Wacker Drive

City Chicago State IL Zip Code 69691

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

Name of Employer: WILDMAN HAMOLD ALLEN & DIXON Occupation: Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 24 / 2010

Transaction ID: SA11AI.8336

Amount of Each Receipt this Period: 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	27000.00
<b>TOTAL</b> This Period (last page this line number only) .....	110850.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 86  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

**A.** Full Name (Last, First, Middle Initial)  
Alexi For Illinois

Mailing Address 11 S LaSalle St

City State Zip Code  
Chicago IL 60603

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11C.8463

Amount of Each Receipt this Period  
10000.00

Transfer from Candidate Committee

**B.** Full Name (Last, First, Middle Initial)  
Bill Foster for Congress

Mailing Address PO Box 703

City State Zip Code  
Geneva IL 60134

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4499.17

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** SA11C.8342

Amount of Each Receipt this Period  
4099.17

Unlimited Transfer from Candidate

**C.** Full Name (Last, First, Middle Initial)  
Friend of Chuck Shumer

Mailing Address 509 MADISON AVE SUITE 1902

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** SA11C.8444

Amount of Each Receipt this Period  
25000.00

Transfer from candidate committee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **39099.17**

**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 13 / 86  
(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 VICTORY

**A.** Full Name (Last, First, Middle Initial)  
HALVORSON FOR CONGRESS  
Mailing Address PO Box 176  
City State Zip Code  
Crete IL 60417  
FEC ID number of contributing federal political committee. **C** C00440016  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 68205.18  
Date of Receipt: 10 / 29 / 2010  
Transaction ID: SA11C.8368  
Amount of Each Receipt this Period: 43000.37  
Transfer from candidate

**B.** Full Name (Last, First, Middle Initial)  
MIDWEST VALUES PAC  
Mailing Address P.O. Box 583232  
City State Zip Code  
Minneapolis MN 55458  
FEC ID number of contributing federal political committee. **C** C00416131  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 10 / 25 / 2010  
Transaction ID: SA11C.8448  
Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
SEARCHLIGHT LEADERSHIP FUND  
Mailing Address 607 14th Street N.W.  
Suite 800  
City State Zip Code  
Washington DC 20005  
FEC ID number of contributing federal political committee. **C** C00327395  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 10 / 25 / 2010  
Transaction ID: SA11C.8338  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 53000.37  
**TOTAL** This Period (last page this line number only) ..... ► 92099.54

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

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

FOR LINE NUMBER: PAGE 14 / 86  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

**A.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212251.00

Date of Receipt  

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

**Transaction ID:** SA12.8326

Amount of Each Receipt this Period  
7852.00

Transfer from affiliate

**B.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228133.00

Date of Receipt  

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

**Transaction ID:** SA12.8327

Amount of Each Receipt this Period  
15882.00

Transfer from affiliate

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
248133.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

**Transaction ID:** SA12.8341

Amount of Each Receipt this Period  
20000.00

Transfer

**SUBTOTAL** of Receipts This Page (optional) ..... ► **43734.00**

**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 15 / 86

(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 VICTORY

**A.**

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
399792.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.8353

Amount of Each Receipt this Period

151659.00

Transfer

**B.**

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529312.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.8354

Amount of Each Receipt this Period

129520.00

Transfer

**C.**

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
553709.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA12.8355

Amount of Each Receipt this Period

24397.00

Transfer

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

305576.00

**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 / 86  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

**A.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
557540.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** SA12.8357

Amount of Each Receipt this Period  
3831.00

Transfer

**B.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
567522.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** SA12.8358

Amount of Each Receipt this Period  
9982.00

Transfer

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
572050.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** SA12.8361

Amount of Each Receipt this Period  
4528.00

Transfer

**SUBTOTAL** of Receipts This Page (optional) ..... ► **18341.00**

**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 / 86

(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 VICTORY

**A.**

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678271.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA12.8365

Amount of Each Receipt this Period

106221.00

Transfer

**B.**

Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
684994.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA12.8367

Amount of Each Receipt this Period

6723.00

Transfer

**C.**

Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 430 S. Capitol st

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85000.00

Date of Receipt

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

Transaction ID: SA12.8522

Amount of Each Receipt this Period

85000.00

Transfer

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

197944.00

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

565595.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) 29/39 S LaSalle Holdings	Transaction ID: SB21B.8310 Date of Disbursement
	Mailing Address 29 S LaSalle St	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60603	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="4418.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ActBlue Technical Service	Transaction ID: SB21B.8485 Date of Disbursement
	Mailing Address 14 Arrow Street, Suite 11	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge	<input type="text" value="756.43"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ActBlue Technical Service	Transaction ID: SB21B.8486 Date of Disbursement
	Mailing Address 14 Arrow Street, Suite 11	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge	<input type="text" value="59.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5234.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) AGL Computers	Transaction ID: SB21B.8333 Date of Disbursement
	Mailing Address South Haven SQ 390 W US HWY 6 Unit	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="22"/> <input type="text" value="2"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Valparaiso State IN Zip Code 46368	Amount of Each Disbursement this Period
	Purpose of Disbursement Phones Candidate Name	<input type="text" value="3377.83"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AGL Computers	Transaction ID: SB21B.8363 Date of Disbursement
	Mailing Address South Haven SQ 390 W US HWY 6 Unit	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="28"/> <input type="text" value="8"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Valparaiso State IN Zip Code 46368	Amount of Each Disbursement this Period
	Purpose of Disbursement Phones Candidate Name	<input type="text" value="12.99"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Cricket Communications	Transaction ID: SB21B.8210 Date of Disbursement
	Mailing Address P.O. Box 650755	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="16"/> <input type="text" value="6"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Dallas State TX Zip Code 75265	Amount of Each Disbursement this Period
	Purpose of Disbursement Phones Candidate Name	<input type="text" value="378.96"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3769.78"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Deluxe Business Systems</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Financial Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8518</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 615.01</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address 100 West Randolph Street</p> <p>City State Zip Code Chicago IL 60601</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8346</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1748.66</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address 100 West Randolph Street</p> <p>City State Zip Code Chicago IL 60601</p> <p>Purpose of Disbursement Tax Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8347</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 4404.23</p>

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

6767.90

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 86

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)  
Illinois Department of Revenue

Mailing Address 100 West Randolph Street

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8348

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

0.81

B.

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address

City State Zip Code

Purpose of Disbursement  
Tax payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8349

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

14858.17

C.

Full Name (Last, First, Middle Initial)  
Internal Revenue Service

Mailing Address

City State Zip Code

Purpose of Disbursement  
Tax

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8487

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1171.18

SUBTOTAL of Disbursements This Page (optional) ▶

16030.16

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 25246.95
	Category/ Type
	Category/ Type
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City State Zip Code Baton Rouge LA 70826 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8208 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 34.00
	Category/ Type
	Category/ Type
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) JPMorgan Chase Bank <hr/> Mailing Address PO Box 260180 <hr/> City State Zip Code Baton Rouge LA 70826 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8321 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 20.00
	Category/ Type
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25300.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8322 Date of Disbursement 10 / 19 / 2010	Amount of Each Disbursement this Period 34.00
B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8319 Date of Disbursement 10 / 20 / 2010	Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement Bank Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8324 Date of Disbursement 10 / 20 / 2010	Amount of Each Disbursement this Period 15.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	149.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8325 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="21"/> <input type="text" value="1"/> / <input type="text" value="2010"/> <input type="text" value="0"/> <input type="text" value="0"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Fee	<input type="text" value="34.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8331 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="22"/> <input type="text" value="2"/> / <input type="text" value="2010"/> <input type="text" value="0"/> <input type="text" value="0"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8332 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="22"/> <input type="text" value="2"/> / <input type="text" value="2010"/> <input type="text" value="0"/> <input type="text" value="0"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="64.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8340 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="25"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8343 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="27"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8344 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="27"/> <input type="text" value="0"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="0"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8345 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8351 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="75.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8352 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="10.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8356 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8359 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8360 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8364 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="60.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8366 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="12.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8517 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="11"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement bank service charge	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="92.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8519 Date of Disbursement 11 / 01 / 2010
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 515.00
	Purpose of Disbursement bank service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB21B.8520 Date of Disbursement 11 / 02 / 2010
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 153.00
	Purpose of Disbursement Bank service charge Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) New Plan of Arlington Heights, LLC	Transaction ID: SB21B.8209 Date of Disbursement 10 / 14 / 2010
	Mailing Address 13956 Collections Center Drive	
	City Chicago State IL Zip Code 60693	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3668.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 86

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) North Shore Printers</p> <p>Mailing Address PO Box 229</p> <p>City Waukegan State IL Zip Code 60085</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8524</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="864.10"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) North Shore Printers</p> <p>Mailing Address PO Box 229</p> <p>City Waukegan State IL Zip Code 60085</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8530</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="839.72"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Payroll</p> <p>Mailing Address payroll</p> <p>City payroll State IL Zip Code 10001</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8536</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37121.82"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Stones Phones	Transaction ID: SB21B.8538 Date of Disbursement
	Mailing Address 1325 G St, NW	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Phones	<input type="text" value="47000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Terra Strategies	Transaction ID: SB21B.8533 Date of Disbursement
	Mailing Address 321 E. Walnut, Suite 340	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement Phonebanking	<input type="text" value="97000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Terra Strategies	Transaction ID: SB21B.8531 Date of Disbursement
	Mailing Address 321 E. Walnut, Suite 340	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement Phonebanks	<input type="text" value="150000.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="294000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) The Strategy Group	Transaction ID: SB21B.8526 Date of Disbursement
	Mailing Address 1603 Orrington Avenue	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="37869.16"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Strategy Group	Transaction ID: SB21B.8527 Date of Disbursement
	Mailing Address 1603 Orrington Avenue	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="47750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Strategy Group	Transaction ID: SB21B.8528 Date of Disbursement
	Mailing Address 1603 Orrington Avenue	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="20000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 86

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) The Strategy Group	Transaction ID: SB21B.8534 Date of Disbursement
	Mailing Address 1603 Orrington Avenue	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="20000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Strategy Group Inc.	Transaction ID: SB21B.8311 Date of Disbursement
	Mailing Address 1603 Orrington Ave.	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="94500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Strategy Group Inc.	Transaction ID: SB21B.8525 Date of Disbursement
	Mailing Address 1603 Orrington Ave.	<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Evanston State IL Zip Code 60201	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail	<input type="text" value="-97700.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="516521.02"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony Alanis</p> <p>Mailing Address 2021 Lucca Drive</p> <p>City Elgin State IL Zip Code 60607</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8220</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="577.07"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony Alanis</p> <p>Mailing Address 2021 Lucca Drive</p> <p>City Elgin State IL Zip Code 60607</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8376</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="577.08"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Alanis</p> <p>Mailing Address 2021 Lucca Drive</p> <p>City Elgin State IL Zip Code 60607</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8499</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="440.81"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1594.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)  
Eric Brickman

Transaction ID: SB30B.8488  
Date of Disbursement

Mailing Address 20658 Abbey Dr

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

City State Zip Code  
Frankfort IL 60423

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll

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768.78
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Alex Burd

Transaction ID: SB30B.8212  
Date of Disbursement

Mailing Address 300 E. Hydraulic St;

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

City State Zip Code  
Yorkville IL 60560

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

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594.94
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Alex Burd

Transaction ID: SB30B.8370  
Date of Disbursement

Mailing Address 300 E. Hydraulic St;

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

City State Zip Code  
Yorkville IL 60560

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

--

594.95
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

1958.67
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Kate Catherall	Transaction ID: SB30B.8256 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1216 Carriage Ln	Amount of Each Disbursement this Period 1482.25
	City La Grange State IL Zip Code 60525	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kate Catherall	Transaction ID: SB30B.8305 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1216 Carriage Ln	Amount of Each Disbursement this Period 1500.00
	City La Grange State IL Zip Code 60525	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kate Catherall	Transaction ID: SB30B.8411 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1216 Carriage Ln	Amount of Each Disbursement this Period 1482.24
	City La Grange State IL Zip Code 60525	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4464.49
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Valerie Cera Mailing Address City State Zip Code Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8494 Date of Disbursement 11 / 01 / 2010
	Amount of Each Disbursement this Period 633.02
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) Norman Chramroff Mailing Address 8221 DeLong Pre Ave #25 City State Zip Code West Hollywood CA 90046 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8315 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 594.94
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) Norman Chramroff Mailing Address 8221 DeLong Pre Ave #25 City State Zip Code West Hollywood CA 90046 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8427 Date of Disbursement 10 / 31 / 2010
	Amount of Each Disbursement this Period 594.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1822.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 86

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b>	Full Name (Last, First, Middle Initial) Norman Chramroff  Mailing Address 8221 DeLong Pre Ave #25  City West Hollywood State CA Zip Code 90046  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8500 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 554.57
<b>B.</b>	Full Name (Last, First, Middle Initial) Devin Conroy  Mailing Address 3305 Fox Hunt Lane  City Saint Charles State IL Zip Code 60174  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8230 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 790.43
<b>C.</b>	Full Name (Last, First, Middle Initial) Devin Conroy  Mailing Address 3305 Fox Hunt Lane  City Saint Charles State IL Zip Code 60174  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8390 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 790.43

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2135.43
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Robert Corradi	Transaction ID: SB30B.8287 Date of Disbursement
	Mailing Address Division Street	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Marine State IL Zip Code 62061	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="837.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Corradi	Transaction ID: SB30B.8431 Date of Disbursement
	Mailing Address Division Street	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Marine State IL Zip Code 62061	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="837.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Cox	Transaction ID: SB30B.8227 Date of Disbursement
	Mailing Address 130 N Genesee	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Waukegan State IL Zip Code 60085	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="811.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2486.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) David Cox Mailing Address 130 N Genesee City Waukegan State IL Zip Code 60085 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8388 Date of Disbursement 10 / 31 / 2010 Amount of Each Disbursement this Period 811.51 Category/Type
B.	Full Name (Last, First, Middle Initial) Thomas Cramer Mailing Address 2100 Ewing Avenue City Evanston State IL Zip Code 60201 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8294 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 813.24 Category/Type
C.	Full Name (Last, First, Middle Initial) Thomas Cramer Mailing Address 2100 Ewing Avenue City Evanston State IL Zip Code 60201 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8436 Date of Disbursement 10 / 31 / 2010 Amount of Each Disbursement this Period 813.24 Category/Type

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

2437.99

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Jeremy Custer	Transaction ID: SB30B.8251 Date of Disbursement 10 / 18 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 741.39
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeremy Custer	Transaction ID: SB30B.8403 Date of Disbursement 10 / 31 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 741.39
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Benjamin Dobbins	Transaction ID: SB30B.8222 Date of Disbursement 10 / 18 / 2010
	Mailing Address 2705 Meadow Pointe Drive	Amount of Each Disbursement this Period 718.58
	City Springfield State IL Zip Code 62702	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2201.36
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Benjamin Dobbins	Transaction ID: SB30B.8377 Date of Disbursement 10 / 31 / 2010
	Mailing Address 2705 Meadow Pointe Drive	Amount of Each Disbursement this Period 718.58
	City Springfield State IL Zip Code 62702	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Melissa Donas	Transaction ID: SB30B.8271 Date of Disbursement 10 / 18 / 2010
	Mailing Address 5647 N Karlov	Amount of Each Disbursement this Period 594.94
	City Chicago State IL Zip Code 60646	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Donas	Transaction ID: SB30B.8417 Date of Disbursement 10 / 31 / 2010
	Mailing Address 5647 N Karlov	Amount of Each Disbursement this Period 594.95
	City Chicago State IL Zip Code 60646	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1908.47
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Melissa Donas</p> <p>Mailing Address 5647 N Karlov</p> <p>City Chicago State IL Zip Code 60646</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8501</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="231.54"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bobby Dunne</p> <p>Mailing Address 75 Rance Rd;</p> <p>City Oswego State IL Zip Code 60543</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8379</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="551.76"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Epstein</p> <p>Mailing Address 626 Rice St</p> <p>City Highland Park State IL Zip Code 60035</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8313</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="764.20"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1547.50"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Nicholas Epstein	Transaction ID: SB30B.8424 Date of Disbursement 10 / 31 / 2010
	Mailing Address 626 Rice St	Amount of Each Disbursement this Period 764.20
	City Highland Park State IL Zip Code 60035	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Emma Eschenfeldt	Transaction ID: SB30B.8237 Date of Disbursement 10 / 18 / 2010
	Mailing Address 40W709 White Fence Way	Amount of Each Disbursement this Period 815.74
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement Payroll	
	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:	

C.	Full Name (Last, First, Middle Initial) Emma Eschenfeldt	Transaction ID: SB30B.8394 Date of Disbursement 10 / 31 / 2010
	Mailing Address 40W709 White Fence Way	Amount of Each Disbursement this Period 815.74
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2395.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) James Ewert	Transaction ID: SB30B.8248 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1303 S. Lloyd Ave	Amount of Each Disbursement this Period 574.57
	City Lombard State IL Zip Code 60114	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Ewert	Transaction ID: SB30B.8401 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1303 S. Lloyd Ave	Amount of Each Disbursement this Period 574.58
	City Lombard State IL Zip Code 60114	
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cherita Faulkner	Transaction ID: SB30B.8382 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1108 Indiana Ave;	Amount of Each Disbursement this Period 741.39
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1890.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Marina Garcia	Transaction ID: SB30B.8264
	Mailing Address 638 Lorraine Ave,	Date of Disbursement 10 / 18 / 2010
	City Waukegan State IL Zip Code 60085	Amount of Each Disbursement this Period 765.89
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Marina Garcia	Transaction ID: SB30B.8412
	Mailing Address 638 Lorraine Ave,	Date of Disbursement 10 / 31 / 2010
	City Waukegan State IL Zip Code 60085	Amount of Each Disbursement this Period 765.89
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cordell Garland Jr	Transaction ID: SB30B.8306
	Mailing Address 413 N. Ash St.	Date of Disbursement 10 / 18 / 2010
	City Waukegan State IL Zip Code 60085	Amount of Each Disbursement this Period 743.08
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2274.86
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Alan Gates	Transaction ID: SB30B.8495
	Mailing Address 709 NORTH AVENUE	Date of Disbursement 11 / 01 / 2010
	City WAUKEGAN State IL Zip Code 60085	Amount of Each Disbursement this Period 372.50
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Egle Gintautaitė	Transaction ID: SB30B.8235
	Mailing Address 904 Springhill Cir	Date of Disbursement 10 / 18 / 2010
	City Naperville State IL Zip Code 60743	Amount of Each Disbursement this Period 594.94
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Egle Gintautaitė	Transaction ID: SB30B.8393
	Mailing Address 904 Springhill Cir	Date of Disbursement 10 / 31 / 2010
	City Naperville State IL Zip Code 60743	Amount of Each Disbursement this Period 594.95
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1562.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Egle Gintautaitė Mailing Address 904 Springhill Cir City Naperville State IL Zip Code 60743 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8502 Date of Disbursement 11 / 01 / 2010 Amount of Each Disbursement this Period 796.99 Category/Type
B.	Full Name (Last, First, Middle Initial) Stefanie J. Glavtcheff Mailing Address City Bensenville State IL Zip Code 60106 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8292 Date of Disbursement 10 / 18 / 2010 Amount of Each Disbursement this Period 683.53 Category/Type
C.	Full Name (Last, First, Middle Initial) Stefanie J. Glavtcheff Mailing Address City Bensenville State IL Zip Code 60106 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8434 Date of Disbursement 10 / 31 / 2010 Amount of Each Disbursement this Period 683.54 Category/Type

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

2164.06

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) David Gomez	Transaction ID: SB30B.8231 Date of Disbursement 10 / 14 / 2010
	Mailing Address 250 S Central Ave	Amount of Each Disbursement this Period 843.24
	City: Highland State: IL Zip Code: 60040	
	Purpose of Disbursement: Payroll Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) David Gomez	Transaction ID: SB30B.8391 Date of Disbursement 10 / 31 / 2010
	Mailing Address 250 S Central Ave	Amount of Each Disbursement this Period 843.24
	City: Highland State: IL Zip Code: 60040	
	Purpose of Disbursement: payroll Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) David Gomez	Transaction ID: SB30B.8498 Date of Disbursement 11 / 01 / 2010
	Mailing Address 250 S Central Ave	Amount of Each Disbursement this Period 1602.91
	City: Highland State: IL Zip Code: 60040	
	Purpose of Disbursement: payroll Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3289.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Groves <hr/> Mailing Address 17636 Mulberry St <hr/> City Country Club Hills State IL Zip Code 60478 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8289 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 621.18
<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Groves <hr/> Mailing Address 17636 Mulberry St <hr/> City Country Club Hills State IL Zip Code 60478 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8304 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 621.18
<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Groves <hr/> Mailing Address 17636 Mulberry St <hr/> City Country Club Hills State IL Zip Code 60478 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8512 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 688.65

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1931.01
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Vanessa Hadrick	Transaction ID: SB30B.8298
	Mailing Address 3116 Ezra Ave	Date of Disbursement MM / DD / YYYY 10 / 18 / 2010
	City Zion State IL Zip Code 60099	Amount of Each Disbursement this Period 810.19
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vanessa Hadrick	Transaction ID: SB30B.8440
	Mailing Address 3116 Ezra Ave	Date of Disbursement MM / DD / YYYY 10 / 31 / 2010
	City Zion State IL Zip Code 60099	Amount of Each Disbursement this Period 810.19
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Beverly Halloran	Transaction ID: SB30B.8223
	Mailing Address 28. S. Juniper Drive	Date of Disbursement MM / DD / YYYY 10 / 18 / 2010
	City N. Aurora State IL Zip Code 60542	Amount of Each Disbursement this Period 764.20
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2384.58
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Beverly Halloran	Transaction ID: SB30B.8378 Date of Disbursement 10 / 31 / 2010
	Mailing Address 28. S. Juniper Drive	Amount of Each Disbursement this Period 764.20
	City N. Aurora State IL Zip Code 60542	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Traci Johnson	Transaction ID: SB30B.8296 Date of Disbursement 10 / 18 / 2010
	Mailing Address 38W135 Adele Ln	Amount of Each Disbursement this Period 1047.24
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Traci Johnson	Transaction ID: SB30B.8438 Date of Disbursement 10 / 31 / 2010
	Mailing Address 38W135 Adele Ln	Amount of Each Disbursement this Period 1047.23
	City St. Charles State IL Zip Code 60175	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2858.67
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB30B.8320 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JPMorgan Chase Bank	Transaction ID: SB30B.8323 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Christ Kallas	Transaction ID: SB30B.8384 Date of Disbursement
	Mailing Address 260 North East Ave	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Amboy State IL Zip Code 61310	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="641.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1156.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Christ Kallas	Transaction ID: SB30B.8503 Date of Disbursement 11 / 01 / 2010
	Mailing Address 260 North East Ave	Amount of Each Disbursement this Period 861.99
	City Amboy State IL Zip Code 61310	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Heather Kaufman	Transaction ID: SB30B.8245 Date of Disbursement 10 / 18 / 2010
	Mailing Address 315 Sheridan Rd	Amount of Each Disbursement this Period 788.70
	City Highland Park State IL Zip Code 60035	
	Purpose of Disbursement Payroll	
	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:	

C.	Full Name (Last, First, Middle Initial) Heather Kaufman	Transaction ID: SB30B.8399 Date of Disbursement 10 / 31 / 2010
	Mailing Address 315 Sheridan Rd	Amount of Each Disbursement this Period 788.70
	City Highland Park State IL Zip Code 60035	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2439.39
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Brian King	Transaction ID: SB30B.8224
	Mailing Address 20679-2460 North Avenue	Date of Disbursement 10 / 18 / 2010
	City Ohio State IL Zip Code 61349	Amount of Each Disbursement this Period 764.20
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hericc King	Transaction ID: SB30B.8247
	Mailing Address 20679-2460 North Avenue	Date of Disbursement 10 / 18 / 2010
	City Ohio State IL Zip Code 61349	Amount of Each Disbursement this Period 790.43
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hericc King	Transaction ID: SB30B.8400
	Mailing Address 20679-2460 North Avenue	Date of Disbursement 10 / 31 / 2010
	City Ohio State IL Zip Code 61349	Amount of Each Disbursement this Period 790.43
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2345.06
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)  
David Korn

Transaction ID: SB30B.8228  
Date of Disbursement

Mailing Address 347 Park Pl

/   /

City State Zip Code  
Glencoe IL 60022

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
David Korn

Transaction ID: SB30B.8389  
Date of Disbursement

Mailing Address 347 Park Pl

/   /

City State Zip Code  
Glencoe IL 60022

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Andy Laureano

Transaction ID: SB30B.8217  
Date of Disbursement

Mailing Address 6642 S Komensky

/   /

City State Zip Code  
Chicago IL 60609

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Andy Laureano</p> <p>Mailing Address 6642 S Komensky</p> <p>City Chicago State IL Zip Code 60609</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8372</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 554.27</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Andy Laureano</p> <p>Mailing Address 6642 S Komensky</p> <p>City Chicago State IL Zip Code 60609</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8504</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 841.67</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Joseph S. Lee</p> <p>Mailing Address 1216 Carriage Ln</p> <p>City La Grange State IL Zip Code 60525</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8254</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1482.25</p>

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

2878.19

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Joseph S. Lee	Transaction ID: SB30B.8409 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1216 Carriage Ln	Amount of Each Disbursement this Period 1482.24
	City La Grange State IL Zip Code 60525	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Lee	Transaction ID: SB30B.8279 Date of Disbursement 10 / 18 / 2010
	Mailing Address 445 E. North Water St. #804	Amount of Each Disbursement this Period 596.90
	City Chicago State IL Zip Code 60611	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Lee	Transaction ID: SB30B.8422 Date of Disbursement 10 / 31 / 2010
	Mailing Address 445 E. North Water St. #804	Amount of Each Disbursement this Period 596.91
	City Chicago State IL Zip Code 60611	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2676.05
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Annie Little</p> <p>Mailing Address 657 Abe St</p> <p>City Joliet State IL Zip Code 60432</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8489</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="466.35"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexander Lopez</p> <p>Mailing Address 2301 N. Oakley Ave;</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8215</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="596.90"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alexander Lopez</p> <p>Mailing Address 2301 N. Oakley Ave;</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8371</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="596.91"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1660.16"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 86

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Alexander Lopez	Transaction ID: SB30B.8505 Date of Disbursement 11 / 01 / 2010
	Mailing Address 2301 N. Oakley Ave;	Amount of Each Disbursement this Period 319.60
	City Chicago State IL Zip Code 60647	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Josie Mace	Transaction ID: SB30B.8255 Date of Disbursement 10 / 18 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 780.85
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Payroll	
	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:	

C.	Full Name (Last, First, Middle Initial) Josie Mace	Transaction ID: SB30B.8410 Date of Disbursement 10 / 31 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 780.85
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1881.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Marcus Macias	Transaction ID: SB30B.8260 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1524 West Moreland	Amount of Each Disbursement this Period 743.08
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Marcus Macias	Transaction ID: SB30B.8497 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1524 West Moreland	Amount of Each Disbursement this Period 367.30
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anna Markowski	Transaction ID: SB30B.8219 Date of Disbursement 10 / 18 / 2010
	Mailing Address 364 Western Avenue	Amount of Each Disbursement this Period 1600.70
	City Joliet State IL Zip Code 60435	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2711.08
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b> Full Name (Last, First, Middle Initial) Anna Markowski <hr/> Mailing Address    364 Western Avenue <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Joliet</td> <td>IL</td> <td>60435</td> </tr> </table> <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> <table> <tr> <td>Office Sought:</td> <td><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For:</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	City	State	Zip Code	Joliet	IL	60435	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			<b>Transaction ID:</b> SB30B.8375 <b>Date of Disbursement</b> <table> <tr> <td><input type="text" value="1"/> <sup>M</sup></td> <td><input type="text" value="0"/> <sup>M</sup></td> <td>/</td> <td><input type="text" value="3"/> <sup>D</sup></td> <td><input type="text" value="1"/> <sup>D</sup></td> <td>/</td> <td><input type="text" value="2"/> <sup>Y</sup></td> <td><input type="text" value="0"/> <sup>Y</sup></td> <td><input type="text" value="1"/> <sup>Y</sup></td> <td><input type="text" value="0"/> <sup>Y</sup></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1600.70</td> </tr> </table>	<input type="text" value="1"/> <sup>M</sup>	<input type="text" value="0"/> <sup>M</sup>	/	<input type="text" value="3"/> <sup>D</sup>	<input type="text" value="1"/> <sup>D</sup>	/	<input type="text" value="2"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	<input type="text" value="1"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	1600.70
City	State	Zip Code																								
Joliet	IL	60435																								
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) ▼																							
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1600.70																										
<b>B.</b> Full Name (Last, First, Middle Initial) Peter Martner <hr/> Mailing Address <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <hr/> Purpose of Disbursement payroll Candidate Name <hr/> <table> <tr> <td>Office Sought:</td> <td><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For:</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	City	State	Zip Code				Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			<b>Transaction ID:</b> SB30B.8491 <b>Date of Disbursement</b> <table> <tr> <td><input type="text" value="1"/> <sup>M</sup></td> <td><input type="text" value="1"/> <sup>M</sup></td> <td>/</td> <td><input type="text" value="0"/> <sup>D</sup></td> <td><input type="text" value="1"/> <sup>D</sup></td> <td>/</td> <td><input type="text" value="2"/> <sup>Y</sup></td> <td><input type="text" value="0"/> <sup>Y</sup></td> <td><input type="text" value="1"/> <sup>Y</sup></td> <td><input type="text" value="0"/> <sup>Y</sup></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">394.54</td> </tr> </table>	<input type="text" value="1"/> <sup>M</sup>	<input type="text" value="1"/> <sup>M</sup>	/	<input type="text" value="0"/> <sup>D</sup>	<input type="text" value="1"/> <sup>D</sup>	/	<input type="text" value="2"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	<input type="text" value="1"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	394.54
City	State	Zip Code																								
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:																									
<input type="text" value="1"/> <sup>M</sup>	<input type="text" value="1"/> <sup>M</sup>	/	<input type="text" value="0"/> <sup>D</sup>	<input type="text" value="1"/> <sup>D</sup>	/	<input type="text" value="2"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	<input type="text" value="1"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>																	
394.54																										
<b>C.</b> Full Name (Last, First, Middle Initial) Rebecca Lee Moffett <hr/> Mailing Address <hr/> <table> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <hr/> Purpose of Disbursement payroll Candidate Name <hr/> <table> <tr> <td>Office Sought:</td> <td><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>Disbursement For:</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:</td> <td>District:</td> <td colspan="2"></td> </tr> </table>	City	State	Zip Code				Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:			<b>Transaction ID:</b> SB30B.8429 <b>Date of Disbursement</b> <table> <tr> <td><input type="text" value="1"/> <sup>M</sup></td> <td><input type="text" value="0"/> <sup>M</sup></td> <td>/</td> <td><input type="text" value="3"/> <sup>D</sup></td> <td><input type="text" value="1"/> <sup>D</sup></td> <td>/</td> <td><input type="text" value="2"/> <sup>Y</sup></td> <td><input type="text" value="0"/> <sup>Y</sup></td> <td><input type="text" value="1"/> <sup>Y</sup></td> <td><input type="text" value="0"/> <sup>Y</sup></td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">551.76</td> </tr> </table>	<input type="text" value="1"/> <sup>M</sup>	<input type="text" value="0"/> <sup>M</sup>	/	<input type="text" value="3"/> <sup>D</sup>	<input type="text" value="1"/> <sup>D</sup>	/	<input type="text" value="2"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	<input type="text" value="1"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	551.76
City	State	Zip Code																								
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) ▼																							
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<input type="text" value="1"/> <sup>M</sup>	<input type="text" value="0"/> <sup>M</sup>	/	<input type="text" value="3"/> <sup>D</sup>	<input type="text" value="1"/> <sup>D</sup>	/	<input type="text" value="2"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>	<input type="text" value="1"/> <sup>Y</sup>	<input type="text" value="0"/> <sup>Y</sup>																	
551.76																										

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►	<table border="1"> <tr> <td style="text-align: center;">2547.00</td> </tr> </table>	2547.00
2547.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ►	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 86

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Matt Muchowski</p> <p>Mailing Address 1619 W. 18th Street Suite 1</p> <p>City Chicago State IL Zip Code 60608</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8267</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="838.55"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matt Muchowski</p> <p>Mailing Address 1619 W. 18th Street Suite 1</p> <p>City Chicago State IL Zip Code 60608</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8414</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="838.55"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Timothy Nazanin</p> <p>Mailing Address 1042 W Rosemont Ave</p> <p>City Chicago State IL Zip Code 60660</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8295</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="841.05"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2518.15"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Timothy Nazanin	Transaction ID: SB30B.8437 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1042 W Rosemont Ave	Amount of Each Disbursement this Period 841.05
	City Chicago State IL Zip Code 60660	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Jason Nippa	Transaction ID: SB30B.8250 Date of Disbursement 10 / 18 / 2010
	Mailing Address 11411 Michigan Dr	Amount of Each Disbursement this Period 999.11
	City Spring Grove State IL Zip Code 60081	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Jason Nippa	Transaction ID: SB30B.8402 Date of Disbursement 10 / 31 / 2010
	Mailing Address 11411 Michigan Dr	Amount of Each Disbursement this Period 999.12
	City Spring Grove State IL Zip Code 60081	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2839.28
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jose Orgega</p> <p>Mailing Address 1154 Ironwood Dr</p> <p>City Elgin State IL Zip Code 60120</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8406</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="716.08"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Joseph Oshana</p> <p>Mailing Address 1154 Ironwood Dr</p> <p>City Chicago State IL Zip Code 60602</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8252</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="594.94"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Joseph Oshana</p> <p>Mailing Address 1154 Ironwood Dr</p> <p>City Chicago State IL Zip Code 60602</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8408</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="594.95"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1905.97"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Joseph Oshana	Transaction ID: SB30B.8506 Date of Disbursement 11 / 01 / 2010
	Mailing Address 1154 Ironwood Dr	Amount of Each Disbursement this Period 942.43
	City Chicago State IL Zip Code 60602	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lawrence Palmer	Transaction ID: SB30B.8308 Date of Disbursement 10 / 18 / 2010
	Mailing Address 12581 W. Dorothy St.	Amount of Each Disbursement this Period 787.00
	City Beach Park State IL Zip Code 60087	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Evelyn Palomino	Transaction ID: SB30B.8240 Date of Disbursement 10 / 18 / 2010
	Mailing Address 4950 S. Wolcott Ave	Amount of Each Disbursement this Period 572.13
	City Chicago State IL Zip Code 60609	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2301.56
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Evelyn Palomino	Transaction ID: SB30B.8397 Date of Disbursement 10 / 31 / 2010
	Mailing Address 4950 S. Wolcott Ave	Amount of Each Disbursement this Period 572.14
	City Chicago State IL Zip Code 60609	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Evelyn Palomino	Transaction ID: SB30B.8507 Date of Disbursement 11 / 01 / 2010
	Mailing Address 4950 S. Wolcott Ave	Amount of Each Disbursement this Period 774.18
	City Chicago State IL Zip Code 60609	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Michael Parr	Transaction ID: SB30B.8273 Date of Disbursement 10 / 18 / 2010
	Mailing Address 709 North Avenue	Amount of Each Disbursement this Period 838.55
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2184.87
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Michael Parr <hr/> Mailing Address 709 North Avenue <hr/> City Waukegan State IL Zip Code 60085 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8418 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 838.55
B.	Full Name (Last, First, Middle Initial) Robert Peters <hr/> Mailing Address 1200 W. Monroe Avenue <hr/> City Chicago State IL Zip Code 60607 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8288 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 838.55
C.	Full Name (Last, First, Middle Initial) Robert Peters <hr/> Mailing Address 1200 W. Monroe Avenue <hr/> City Chicago State IL Zip Code 60607 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8432 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 838.55

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

2515.65

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Piacenti  Mailing Address 321 E Cleveland St  City Spring Valley State IL Zip Code 61362  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8274 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period  439.67
<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Piacenti  Mailing Address 321 E Cleveland St  City Spring Valley State IL Zip Code 61362  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8419 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period  439.67
<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Pond  Mailing Address N Wabash Ave  City Chicago State IL Zip Code 60611  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period  790.29

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1669.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Eric Pond	Transaction ID: SB30B.8395
	Mailing Address N Wabash Ave	Date of Disbursement 10 / 31 / 2010
	City Chicago State IL Zip Code 60611	Amount of Each Disbursement this Period 790.29
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Michael Prentiss	Transaction ID: SB30B.8276
	Mailing Address 580 Brighton	Date of Disbursement 10 / 18 / 2010
	City Elgin State IL Zip Code 60611	Amount of Each Disbursement this Period 596.90
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Michael Prentiss	Transaction ID: SB30B.8421
	Mailing Address 580 Brighton	Date of Disbursement 10 / 31 / 2010
	City Elgin State IL Zip Code 60611	Amount of Each Disbursement this Period 596.91
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1984.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Zenobia Ravji	Transaction ID: SB30B.8303 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1039 Beninford Ln	Amount of Each Disbursement this Period 664.56
	City Westmont State IL Zip Code 60559	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Zenobia Ravji	Transaction ID: SB30B.8442 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1039 Beninford Ln	Amount of Each Disbursement this Period 664.57
	City Westmont State IL Zip Code 60559	
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lee Reinhart	Transaction ID: SB30B.8513 Date of Disbursement 11 / 01 / 2010
	Mailing Address P.O. Box 503	Amount of Each Disbursement this Period 225.20
	City Morris State IL Zip Code 60450	
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1554.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Max Renner	Transaction ID: SB30B.8268 Date of Disbursement
	Mailing Address 201 Fleetwood	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bloomington State IL Zip Code 61701	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="643.99"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Max Renner	Transaction ID: SB30B.8415 Date of Disbursement
	Mailing Address 201 Fleetwood	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bloomington State IL Zip Code 61701	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="644.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mejia Renzo	Transaction ID: SB30B.8286 Date of Disbursement
	Mailing Address 500 Manda Lane	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Wheeling State IL Zip Code 60090	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="790.43"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2078.42"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mejia Renzo</p> <p>Mailing Address 500 Manda Lane</p> <p>City Wheeling State IL Zip Code 60090</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8430</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="790.43"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Michael Reynertson</p> <p>Mailing Address 43 W 191 Faireno</p> <p>City Elburn State IL Zip Code 60119</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8275</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1001.61"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Michael Reynertson</p> <p>Mailing Address 43 W 191 Faireno</p> <p>City Elburn State IL Zip Code 60119</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8420</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1001.62"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2793.66"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Guadalupe Rodriguez <hr/> Mailing Address 915 88th Ave, <hr/> City Kenosha State WI Zip Code 53144 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8243 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 700.26
B.	Full Name (Last, First, Middle Initial) Guadalupe Rodriguez <hr/> Mailing Address 915 88th Ave, <hr/> City Kenosha State WI Zip Code 53144 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8398 Date of Disbursement 10 / 31 / 2010	Amount of Each Disbursement this Period 700.26
C.	Full Name (Last, First, Middle Initial) Drew Sampson <hr/> Mailing Address 503 Ridge Cir <hr/> City Streamwood State IL Zip Code 60017 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.8233 Date of Disbursement 10 / 18 / 2010	Amount of Each Disbursement this Period 577.07

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

1977.59

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)  
Drew Sampson

Transaction ID: SB30B.8392  
Date of Disbursement

Mailing Address 503 Ridge Cir

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

City State Zip Code  
Streamwood IL 60017

Amount of Each Disbursement this Period

577.08
--------

Purpose of Disbursement  
payroll

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Drew Sampson

Transaction ID: SB30B.8508  
Date of Disbursement

Mailing Address 503 Ridge Cir

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

City State Zip Code  
Streamwood IL 60017

Amount of Each Disbursement this Period

957.69
--------

Purpose of Disbursement  
Payroll

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Brittany Sing

Transaction ID: SB30B.8225  
Date of Disbursement

Mailing Address 1317 Phoenix Ln

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

City State Zip Code  
Joliet IL 60431

Amount of Each Disbursement this Period

577.07
--------

Purpose of Disbursement  
Payroll

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2111.84
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Brittany Sing	Transaction ID: SB30B.8381
	Mailing Address 1317 Phoenix Ln	Date of Disbursement 10 / 31 / 2010
	City Joliet State IL Zip Code 60431	Amount of Each Disbursement this Period 577.08
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Brittany Sing	Transaction ID: SB30B.8509
	Mailing Address 1317 Phoenix Ln	Date of Disbursement 11 / 01 / 2010
	City Joliet State IL Zip Code 60431	Amount of Each Disbursement this Period 957.69
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Eugene Sowa	Transaction ID: SB30B.8239
	Mailing Address 901 N Roy Ave	Date of Disbursement 10 / 18 / 2010
	City Melrose Park State IL Zip Code 60164	Amount of Each Disbursement this Period 838.55
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2373.32
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b> Full Name (Last, First, Middle Initial) Eugene Sowa</p> <p>Mailing Address 901 N Roy Ave</p> <p>City Melrose Park State IL Zip Code 60164</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8396</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="838.55"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steven Spagnolo</p> <p>Mailing Address 8417 Crescent Court</p> <p>City Willow Springs State IL Zip Code 60480</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8293</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="836.05"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Steven Spagnolo</p> <p>Mailing Address 8417 Crescent Court</p> <p>City Willow Springs State IL Zip Code 60480</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8435</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="836.05"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2510.65"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Strom</p> <p>Mailing Address 2502 College St</p> <p>City Decatur State AL Zip Code 35601</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8317</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 596.90</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Strom</p> <p>Mailing Address 2502 College St</p> <p>City Decatur State AL Zip Code 35601</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8369</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 596.91</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Strom</p> <p>Mailing Address 2502 College St</p> <p>City Decatur State AL Zip Code 35601</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8510</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 887.30</p>

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

2081.11

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wei-Ming Su</p> <p>Mailing Address 1456 Wayne Ave;</p> <p>City Glendale Heights State IL Zip Code 60619</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8301</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 596.90</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wei-Ming Su</p> <p>Mailing Address 1456 Wayne Ave;</p> <p>City Glendale Heights State IL Zip Code 60619</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8441</p> <p>Date of Disbursement 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 596.91</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wei-Ming Su</p> <p>Mailing Address 1456 Wayne Ave;</p> <p>City Glendale Heights State IL Zip Code 60619</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.8511</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 383.02</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1576.83</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Nomedta Tautkute	Transaction ID: SB30B.8283 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1312 Sugar Court;	Amount of Each Disbursement this Period 572.13
	City Naperville State IL Zip Code 60563	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nomedta Tautkute	Transaction ID: SB30B.8425 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1312 Sugar Court;	Amount of Each Disbursement this Period 572.14
	City Naperville State IL Zip Code 60563	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Daniel Thele	Transaction ID: SB30B.8386 Date of Disbursement 10 / 31 / 2010
	Mailing Address 6997 Hunt Road	Amount of Each Disbursement this Period 552.13
	City Burlington State IA Zip Code 52601	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1696.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Ramachandra Villvalam	Transaction ID: SB30B.8285 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1319 Ada Lane	Amount of Each Disbursement this Period 912.90
	City Naperville State IL Zip Code 60540	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ramachandra Villvalam	Transaction ID: SB30B.8428 Date of Disbursement 10 / 31 / 2010
	Mailing Address 1319 Ada Lane	Amount of Each Disbursement this Period 912.90
	City Naperville State IL Zip Code 60540	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Wadleigh	Transaction ID: SB30B.8290 Date of Disbursement 10 / 18 / 2010
	Mailing Address 345 Hoxie Ave	Amount of Each Disbursement this Period 572.13
	City Elgin State IL Zip Code 60563	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2397.93
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b>	Full Name (Last, First, Middle Initial) Sarah Wadleigh  Mailing Address 345 Hoxie Ave  City Elgin State IL Zip Code 60563  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8433 <b>Date of Disbursement</b> 10 / 31 / 2010  Amount of Each Disbursement this Period 572.14
<b>B.</b>	Full Name (Last, First, Middle Initial) Neal Waltmire  Mailing Address 5202 Shorehill Dr;  City McHenry State IL Zip Code 60611  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8281 <b>Date of Disbursement</b> 10 / 18 / 2010  Amount of Each Disbursement this Period 594.94
<b>C.</b>	Full Name (Last, First, Middle Initial) Neal Waltmire  Mailing Address 5202 Shorehill Dr;  City McHenry State IL Zip Code 60611  Purpose of Disbursement payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8423 <b>Date of Disbursement</b> 10 / 31 / 2010  Amount of Each Disbursement this Period 594.95

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1762.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Neal Waltmire	Transaction ID: SB30B.8515
	Mailing Address 5202 Shorehill Dr;	Date of Disbursement MM / DD / YYYY 11 / 01 / 2010
	City McHenry State IL Zip Code 60611	Amount of Each Disbursement this Period 990.92
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Megan Weaver	Transaction ID: SB30B.8269
	Mailing Address 427 1/2 S. 6th St;	Date of Disbursement MM / DD / YYYY 10 / 18 / 2010
	City Dekalb State IL Zip Code 60115	Amount of Each Disbursement this Period 709.80
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Megan Weaver	Transaction ID: SB30B.8416
	Mailing Address 427 1/2 S. 6th St;	Date of Disbursement MM / DD / YYYY 10 / 31 / 2010
	City Dekalb State IL Zip Code 60115	Amount of Each Disbursement this Period 709.80
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2410.52
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.	Full Name (Last, First, Middle Initial) Chikaya Wilcox	Transaction ID: SB30B.8492 Date of Disbursement 11 / 01 / 2010
	Mailing Address 541 Chestnut St	Amount of Each Disbursement this Period 631.48
	City Waukegan State IL Zip Code 60085	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Matthew Willey	Transaction ID: SB30B.8266 Date of Disbursement 10 / 18 / 2010
	Mailing Address 541 Meadows Drive South	Amount of Each Disbursement this Period 764.20
	City Bourbonnais State IL Zip Code 60914	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Matthew Willey	Transaction ID: SB30B.8413 Date of Disbursement 10 / 31 / 2010
	Mailing Address 541 Meadows Drive South	Amount of Each Disbursement this Period 764.20
	City Bourbonnais State IL Zip Code 60914	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2159.88
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

<b>A.</b>	Full Name (Last, First, Middle Initial) LaTonya Williams Mailing Address 107 S. Joliet St., #1 City Joliet State IL Zip Code 60643 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 572.13
<b>B.</b>	Full Name (Last, First, Middle Initial) LaTonya Williams Mailing Address 107 S. Joliet St., #1 City Joliet State IL Zip Code 60643 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 442.90
<b>C.</b>	Full Name (Last, First, Middle Initial) Ty Williams Mailing Address 608 Bayliss Drive City Richmond State VA Zip Code 23235 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.8297 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	Amount of Each Disbursement this Period 805.88

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1820.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ILLINOIS VICTORY

A.

Full Name (Last, First, Middle Initial)  
Ty Williams

Transaction ID: SB30B.8439  
Date of Disbursement

Mailing Address 608 Bayliss Drive

<sup>M</sup> <input type="text"/> 1	<sup>M</sup> <input type="text"/> 0	/	<sup>D</sup> <input type="text"/> 3	<sup>D</sup> <input type="text"/> 1	/	<sup>Y</sup> <input type="text"/> 2	<sup>Y</sup> <input type="text"/> 0	<sup>Y</sup> <input type="text"/> 1	<sup>Y</sup> <input type="text"/> 0
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City Richmond State VA Zip Code 23235

Amount of Each Disbursement this Period

805.88
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Purpose of Disbursement  
payroll

Category/ Type
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Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

805.88
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TOTAL This Period (last page this line number only) ..... ►

115672.22
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