

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

CITIZENS FOR EVELYN

ADDRESS (number and street) PO BOX 5428

Check if different than previously reported. (ACC)

WHEATON IL 60189

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ C C00703488

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

STATE ▼ DISTRICT IL 06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

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

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

10 / 01 / 2019 through 12 / 31 / 2019

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 KILGORE, PAUL, , MR.,

Signature of Treasurer KILGORE, PAUL, , MR., [Electronically Filed] Date M M / D D / Y Y Y Y

01 / 31 / 2020

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
CITIZENS FOR EVELYN

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	336.00	137701.38
(b) Total Contribution Refunds (from Line 20(d))	13900.00	14375.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 13564.00	123326.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26500.18	126856.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	26500.18	126856.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	126.79	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9251.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CITIZENS FOR EVELYN

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	200.00	103120.00
(ii) Unitemized.....	136.00	25382.38
(iii) TOTAL of contributions from individuals ▶	336.00	128502.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9199.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	336.00	137701.38
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3651.00	9251.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3651.00	9251.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3987.00	146952.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26500.18	126856.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	13900.00	14375.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	13900.00	14375.00
21. OTHER DISBURSEMENTS	0.00	5593.64
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	40400.18	146825.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36539.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3987.00
25. SUBTOTAL (add Line 23 and Line 24).....	40526.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40400.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	126.79

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

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

FOR LINE NUMBER: PAGE 5 OF 16
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
BATEMAN SR, KEN, , ,

Mailing Address 87353 BENNETT DR

City STOCKTON State CA Zip Code 95212

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2019

Transaction ID : **A8A735BDA96564E82B70**

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GU, QIAN, LAURA, ,

Mailing Address 403 HUTCHISON ST

City OSWEGO State IL Zip Code 60543-4087

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

Name of Employer MAGNETROL INC Occupation PROGRAMMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1060.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 19 / 2019

Transaction ID : **A7382532AA848429FAF4**

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ORLANDO, STEVE, , ,

Mailing Address 1213 PARTRIDGE DRIVE

City PLAINFIELD State IL Zip Code 60586-1098

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

Name of Employer CANDOS INSURANCE AGENCY Occupation VICE PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

Transaction ID : **A3AAF4F01EB5E4FE6BCB**

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	200.00

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

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

FOR LINE NUMBER: PAGE 6 OF 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
SANGUINETTI, EVELYN, , ,

Mailing Address PO BOX 5428

City WHEATON State IL Zip Code 60189-5428

FEC ID number of contributing federal political committee. **C** H0IL06052

Name of Employer NONE Occupation CANDIDATE FOR CONGRESS

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9251.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2019

Transaction ID : A0060F4D5E6C141D485A

Amount of Each Receipt this Period
 3651.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3651.00
TOTAL This Period (last page this line number only).....▶	3651.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

Full Name (Last, First, Middle Initial) A. 1892, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2019		
Mailing Address PO BOX 577001			FEC Identification Number C		
City CHICAGO	State IL	Zip Code 60657-7321	Amount of Each Disbursement this Period 7000.00		
Purpose of Disbursement POLLING		Category/Type 001	Transaction ID : B02853F75DCFE4834A21		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. COR STRATEGIES, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2019		
Mailing Address 738 E DUNDEE RD #251			FEC Identification Number C		
City PALATINE	State IL	Zip Code 60074-2858	Amount of Each Disbursement this Period 5035.42		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : B4D3156649CDE48E68C1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. PREMIER MAILING & PRINTING			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2019		
Mailing Address 37 STONEHILL RD # D			FEC Identification Number C		
City OSWEGO	State IL	Zip Code 60543-9449	Amount of Each Disbursement this Period 420.89		
Purpose of Disbursement POSTAGE		Category/Type 001	Transaction ID : B6DF3D5DC683649FE84D		
Candidate Name		Memo Item <input type="checkbox"/>			
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	12456.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement
Mailing Address 1100 WILSON BLVD FL 10		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2019"/>
City ARLINGTON	State VA	Zip Code 22209-2257
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number <input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="3.55"/>
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) ▼	Transaction ID : B791EAD27A4B84F3BA7B
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement
Mailing Address 1100 WILSON BLVD FL 10		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
City ARLINGTON	State VA	Zip Code 22209-2257
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number <input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="2.21"/>
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) ▼	Transaction ID : B083E9F3A0AC44F3ABB6
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement
Mailing Address 1100 WILSON BLVD FL 10		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2019"/>
City ARLINGTON	State VA	Zip Code 22209-2257
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number <input type="text" value="C"/>
Candidate Name		Amount of Each Disbursement this Period <input type="text" value="2.13"/>
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) ▼	Transaction ID : BCB5A5AB16D934A3CAFC
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="7.89"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement
Mailing Address 1100 WILSON BLVD FL 10		M M / D D / Y Y Y Y 10 / 23 / 2019
City ARLINGTON	State VA	Zip Code 22209-2257
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	8.88
State: District:		Transaction ID : BBF21E6D9540B403B9AA
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement
Mailing Address 1100 WILSON BLVD FL 10		M M / D D / Y Y Y Y 10 / 24 / 2019
City ARLINGTON	State VA	Zip Code 22209-2257
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	14000.00
State: District:		Transaction ID : B3CF5F381CAF243AF942
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement
Mailing Address 1100 WILSON BLVD FL 10		M M / D D / Y Y Y Y 10 / 24 / 2019
City ARLINGTON	State VA	Zip Code 22209-2257
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period
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) ▼	3.55
State: District:		Transaction ID : B91D8A6D523934D03A6F
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	14012.43
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. TARGETED VICTORY

Full Name (Last, First, Middle Initial)

Mailing Address 1100 WILSON BLVD
FL 10

City ARLINGTON State VA Zip Code 22209-2257

Purpose of Disbursement CC TRANSACTION FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 12 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.55

Transaction ID : B82660D86351340C69B5

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3.55
TOTAL This Period (last page this line number only).....▶	26480.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

Full Name (Last, First, Middle Initial) A. BRINCAT, JEFFREY, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2019		
Mailing Address 620 LAKE RD					
City LAKE FOREST	State IL	Zip Code 60045-2303	FEC Identification Number C		
Purpose of Disbursement REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : B1C7C495CB6A743738EE			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. D'ORAZIO, ROGER (R.J.), , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2019		
Mailing Address 836 S COUNTY LINE RD					
City HINSDALE	State IL	Zip Code 60521-4554	FEC Identification Number C		
Purpose of Disbursement REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : B4F225AE051CC4201879			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. RAUNER, BRUCE, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2019		
Mailing Address 720 ROSEWOOD AVE					
City WINNETKA	State IL	Zip Code 60093-2031	FEC Identification Number C		
Purpose of Disbursement REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : B6DCD33E14F3B46E0868			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....	8400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

Full Name (Last, First, Middle Initial) A. RAUNER, DIANA, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2019		
Mailing Address 720 ROSEWOOD AVE					
City WINNETKA	State IL	Zip Code 60093-2031	FEC Identification Number C		
Purpose of Disbursement REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2800.00		
Candidate Name		Transaction ID : B933B4FE83F0F4124B13			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) B. ROWE, JOHN, W, ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2019		
Mailing Address 70 W MADISON SUITE 5770					
City CHICAGO	State IL	Zip Code 60602-4380	FEC Identification Number C		
Purpose of Disbursement REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : BBE3BCDB666E441DC85D			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: _____ District: _____					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		<input type="checkbox"/> Memo Item			
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: _____					

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	13900.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR EVELYN** Transaction ID : CA7D60703E47549E1ACE

LOAN SOURCE Full Name (Last, First, Middle Initial) SANGUINETTI, EVELYN, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 5428			
City WHEATON	State IL	ZIP Code 60189-5428	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5500.00
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TERMS	Date Incurred M 05 / D 06 / Y 2019	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 5500.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR EVELYN** Transaction ID : **C7365FD1008694BFF9C7**

LOAN SOURCE Full Name (Last, First, Middle Initial) SANGUINETTI, EVELYN, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 5428			
City WHEATON	State IL	ZIP Code 60189-5428	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 09 / Y 2019	M M / D D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	100.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR EVELYN** Transaction ID : **C0060F4D5E6C141D485A**

LOAN SOURCE Full Name (Last, First, Middle Initial) SANGUINETTI, EVELYN, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 5428			
City WHEATON	State IL	ZIP Code 60189-5428	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3651.00	0.00	3651.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 12 / Y 2019	M / D / Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	3651.00
TOTALS This Period (last page in this line only).....▶	9251.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 1892, LLC			Nature of Debt (Purpose): POLLING
Mailing Address PO BOX 577001			
City CHICAGO	State IL	Zip Code 60657-7321	

Outstanding Balance Beginning This Period 7000.00		Transaction ID : D12BEDC947FE74DC188C	
Amount Incurred This Period 0.00	Payment This Period 7000.00	Outstanding Balance at Close of This Period 0.00	

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

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

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

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

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