

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
COSTELLO FOR CONGRESS COMMITTEE

ADDRESS (number and street) P. O. BOX 8250
 Check if different than previously reported. (ACC) BELLEVILLE IL 62222

2. **FEC IDENTIFICATION NUMBER** ▼ C C00238444 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
IL 12

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
04 / 01 / 2013 through 06 / 30 / 2013

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 Mary Shalpin

Signature of Treasurer Mary Shalpin *[Electronically Filed]* Date M M / D D / Y Y Y Y
07 / 14 / 2013

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
COSTELLO FOR CONGRESS COMMITTEE

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 0.00 | 0.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 8326.36 | 43910.21 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 252.63 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 8326.36 | 43657.58 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1575239.13 | |
| 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)..... | 0.00 | |

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 12/2003)

Write or Type Committee Name

COSTELLO FOR CONGRESS COMMITTEE

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)..... | 0.00 | 0.00 |
| (ii) Unitemized..... | 0.00 | 0.00 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 252.63 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 760.71 | 2848.19 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 760.71 | 3100.82 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 8326.36 | 43910.21 |
| 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 | 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 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 12140.00 | 32574.63 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 20466.36 | 76484.84 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1594944.78 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 760.71 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1595705.49 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 20466.36 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1575239.13 |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 18 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15 | |

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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Bank of OFallon | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2013 |
| Mailing Address 901 S Lincoln Ave | | Transaction ID : 30714.C16608 |
| City O Fallon | State IL | Zip Code 62269-2654 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 49.32 | |
| Name of Employer | Occupation Interest | Other Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 513.29 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Bank of OFallon | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2013 |
| Mailing Address 901 S Lincoln Ave | | Transaction ID : 30714.C16609 |
| City O Fallon | State IL | Zip Code 62269-2654 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 126.03 | |
| Name of Employer | Occupation Interest | Other Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 639.32 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Bank Of Edwardsville | | Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2013 |
| Mailing Address 330 W Vandalia St | | Transaction ID : 30714.C16598 |
| City Edwardsville | State IL | Zip Code 62025-1911 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 101.45 | |
| Name of Employer | Occupation Interest | Other Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 756.91 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 276.80 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 18 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
COSTELLO FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Bank Of Edwardsville

Mailing Address 330 W Vandalia St

City Edwardsville State IL Zip Code 62025-1911

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **868.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 02 / 2013

Transaction ID : 30714.C16599

Amount of Each Receipt this Period
111.11

Other Receipt

B. Full Name (Last, First, Middle Initial)
Bank Of Edwardsville

Mailing Address 330 W Vandalia St

City Edwardsville State IL Zip Code 62025-1911

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **960.95**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : 30714.C16600

Amount of Each Receipt this Period
92.93

Other Receipt

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

Mailing Address 4600 North Illinois
P. O. Box 1983

City Fairview Heights State IL Zip Code 62208-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **390.51**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : 30714.C16601

Amount of Each Receipt this Period
149.71

Other Receipt

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

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

353.75

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 18 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
COSTELLO FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Community First Bank of the Heartland

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
248.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 11 / 2013

Transaction ID : 30714.C16602

Amount of Each Receipt this Period
35.37

Other Receipt

B. Full Name (Last, First, Middle Initial)
Community First Bank of the Heartland

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
257.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2013

Transaction ID : 30714.C16603

Amount of Each Receipt this Period
8.84

Other Receipt

C. Full Name (Last, First, Middle Initial)
Community First Bank of the Heartland

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
291.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2013

Transaction ID : 30714.C16604

Amount of Each Receipt this Period
34.24

Other Receipt

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

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

78.45

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 18 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
COSTELLO FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Community First Bank of the Heartland

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 29 / 2013

Transaction ID : 30714.C16605

Amount of Each Receipt this Period
8.57

Other Receipt

B. Full Name (Last, First, Middle Initial)
Community First Bank of the Heartland

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2013

Transaction ID : 30714.C16606

Amount of Each Receipt this Period
35.40

Other Receipt

C. Full Name (Last, First, Middle Initial)
Community First Bank of the Heartland

Mailing Address 117 North 10th

City Mount Vernon State IL Zip Code 62864-

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

Name of Employer Occupation Interest

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
343.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : 30714.C16607

Amount of Each Receipt this Period
7.74

Other Receipt

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

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

51.71

760.71

**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 18 | | | |
| | <input checked="" type="checkbox"/> 17 <input 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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 153.00 |
| City St. Louis | State MO | Zip Code 63197-0010 |
| Purpose of Disbursement Social Security - Employer | Transaction ID : 30714.E11320 | |
| 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: | SOCIAL SECURITY - EMPLOYER | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Illinois Dept. of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013 |
| Mailing Address PO Box 19447 | | Amount of Each Disbursement this Period 100.00 |
| City Springfield | State IL | Zip Code 62794-9447 |
| Purpose of Disbursement State W/H | Transaction ID : 30714.E11312 | |
| 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: | STATE W/H | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 153.00 |
| City St. Louis | State MO | Zip Code 63197-0010 |
| Purpose of Disbursement Social Security - Employee | Transaction ID : 30714.E11326 | |
| 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: | SOCIAL SECURITY - EMPLOYEE | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 406.00 |
| 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 10 OF 18 | | | |
| | <input checked="" type="checkbox"/> 17 <input 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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 153.00 |
| City St. Louis | State MO | Zip Code 63197-0010 |
| Purpose of Disbursement Social Security - Employer | Category/ Type | |
| Candidate Name | Transaction ID : 30714.E11325 | |
| 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) | SOCIAL SECURITY - EMPLOYER |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 1309.76 |
| City St. Louis | State MO | Zip Code 63197-0010 |
| Purpose of Disbursement Federal W/H | Category/ Type | |
| Candidate Name | Transaction ID : 30714.E11301 | |
| 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) | FEDERAL W/H |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Illinois Dept. of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013 |
| Mailing Address PO Box 19447 | | Amount of Each Disbursement this Period 162.50 |
| City Springfield | State IL | Zip Code 62794-9447 |
| Purpose of Disbursement State W/H | Category/ Type | |
| Candidate Name | Transaction ID : 30714.E11302 | |
| 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 W/H |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1625.26 |
| 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 11 OF 18 | | | |
| | <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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 500.00 |
| City St. Louis | State MO | |
| Zip Code 63197-0010 | Purpose of Disbursement Federal W/H | Transaction ID : 30714.E11311 |
| 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) | FEDERAL W/H |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Illinois Dept. of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013 |
| Mailing Address PO Box 19447 | | Amount of Each Disbursement this Period 100.00 |
| City Springfield | State IL | |
| Zip Code 62794-9447 | Purpose of Disbursement State W/H | Transaction ID : 30714.E11294 |
| 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 W/H |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 500.00 |
| City St. Louis | State MO | |
| Zip Code 63197-0010 | Purpose of Disbursement Federal W/H | Transaction ID : 30714.E11324 |
| 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) | FEDERAL W/H |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1100.00 |
| 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 18 | | | |
| | <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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 153.00 |
| City St. Louis | State MO | |
| Zip Code 63197-0010 | Purpose of Disbursement Social Security - Employer | Transaction ID : 30714.E11322 |
| 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) | SOCIAL SECURITY - EMPLOYER |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mary Shalpin | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013 |
| Mailing Address 18 Morgan Lake Dr | | Amount of Each Disbursement this Period 1247.00 |
| City Millstadt | State IL | |
| Zip Code 62260-1757 | Purpose of Disbursement Payroll | Transaction ID : 30714.E11298 |
| 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) | PAYROLL |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 500.00 |
| City St. Louis | State MO | |
| Zip Code 63197-0010 | Purpose of Disbursement Federal W/H | Transaction ID : 30714.E11293 |
| 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) | FEDERAL W/H |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1900.00 |
| 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 13 OF 18 | | | |
| | <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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013 |
| Mailing Address PO Box 9001309 | | Amount of Each Disbursement this Period 130.95 |
| City Louisville | State KY | Zip Code 40290-1309 |
| Purpose of Disbursement Telephone | Category/ Type | |
| Candidate Name | Transaction ID : 30714.E11295 | |
| 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) | TELEPHONE |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 153.00 |
| City St. Louis | State MO | Zip Code 63197-0010 |
| Purpose of Disbursement Social Security - Employee | Category/ Type | |
| Candidate Name | Transaction ID : 30714.E11321 | |
| 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) | SOCIAL SECURITY - EMPLOYEE |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Mary Shalpin | | Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2013 |
| Mailing Address 18 Morgan Lake Dr | | Amount of Each Disbursement this Period 1247.00 |
| City Millstadt | State IL | Zip Code 62260-1757 |
| Purpose of Disbursement Payroll | Category/ Type | |
| Candidate Name | Transaction ID : 30714.E11317 | |
| 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) | PAYROLL |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1530.95 |
| 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 14 OF 18 | | | |
| | <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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Internal Revenue Service | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013 |
| Mailing Address P. O. Box 970010 | | Amount of Each Disbursement this Period 153.00 |
| City St. Louis | State MO | |
| Zip Code 63197-0010 | Purpose of Disbursement Social Security - Employee | Transaction ID : 30714.E11323 |
| 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) | SOCIAL SECURITY - EMPLOYEE |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mary Shalpin | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013 |
| Mailing Address 18 Morgan Lake Dr | | Amount of Each Disbursement this Period 1247.00 |
| City Millstadt | State IL | |
| Zip Code 62260-1757 | Purpose of Disbursement Payroll | Transaction ID : 30714.E11316 |
| 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) | PAYROLL |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013 |
| Mailing Address PO Box 9001309 | | Amount of Each Disbursement this Period 132.50 |
| City Louisville | State KY | |
| Zip Code 40290-1309 | Purpose of Disbursement Telephone | Transaction ID : 30714.E11300 |
| 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) | TELEPHONE |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1532.50 |
| TOTAL This Period (last page this line number only)..... | 8094.71 |

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

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NAME OF COMMITTEE (In Full)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Friends of Cheri Bustos | | Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2013 |
| Mailing Address P. O. Box 77 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : 30714.E11309 |
| City East Moline | State IL | |
| Zip Code 61244- | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type |
| Candidate Name CHERI BUSTOS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: IL District: 17 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ann Callis for Congress | | Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013 |
| Mailing Address 517 Chapman Street | | Amount of Each Disbursement this Period 1000.00 Transaction ID : 30714.E11315 |
| City Edwardsville | State IL | |
| Zip Code 62025- | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type |
| Candidate Name ANN CALLIS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: IL District: 13 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Enyart For Congress | | Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2013 |
| Mailing Address P. O. Box 308 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : 30714.E11314 |
| City Belleville | State IL | |
| Zip Code 62222- | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type |
| Candidate Name WILLIAM ENYART | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: IL District: 12 | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4000.00 |
| 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 16 OF 18 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
COSTELLO FOR CONGRESS COMMITTEE

| | | | |
|--|--|--|-------------------|
| Full Name (Last, First, Middle Initial) A. Illinois Fire Safety Alliance | | Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2013 | |
| Mailing Address P. O. Box 911 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : 30714.E11318 | |
| City Mount Prospect | State IL | Zip Code 60056- | Category/ Type |
| Purpose of Disbursement DONATION | | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | | | |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial) B. Citizens for Lou Lang | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013 | |
| Mailing Address P. O. Box 1815 | | Amount of Each Disbursement this Period 300.00 Transaction ID : 30714.E11307 | |
| City Skokie | State IL | Zip Code 60076- | Category/ Type |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) C. Keep Nick Rahall in Congress | | Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2013 | |
| Mailing Address P. O. Box 75214 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : 30714.E11308 | |
| City Washington | State DC | Zip Code 20013- | Category/ Type |
| Purpose of Disbursement POLITICAL CONTRIBUTION | | | |
| Candidate Name NICK JOE RAHALL II | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: WV | District: 03 | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3300.00 |
| 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 17 OF 18 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Simon for Illinois | | Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2013 |
| Mailing Address P. O. Box 814 | | Amount of Each Disbursement this Period 500.00 Transaction ID : 30714.E11319 |
| City Carbondale | State IL | |
| Zip Code 62903- | Purpose of Disbursement POLITICAL CONTRIBUTION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Smith-Brown Scholarship Fund | | Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2013 |
| Mailing Address 5102 Laborers Way | | Amount of Each Disbursement this Period 1000.00 Transaction ID : 30714.E11306 |
| City Marion | State IL | |
| Zip Code 62959- | Purpose of Disbursement DONATION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Southwestern II College Foundation | | Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013 |
| Mailing Address 2500 Carlyle Ave | | Amount of Each Disbursement this Period 2000.00 Transaction ID : 30714.E11313 |
| City Belleville | State IL | |
| Zip Code 62221-5859 | Purpose of Disbursement SCHOLARSHIP DONATION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3500.00 |
| 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 18 OF 18 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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)
COSTELLO FOR CONGRESS COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Southwestern II College Foundation | | Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013 |
| Mailing Address 2500 Carlyle Ave | | Amount of Each Disbursement this Period 250.00 Transaction ID : 30714.E11296 |
| City Belleville | State IL | |
| Zip Code 62221-5859 | Purpose of Disbursement SCHOLARSHIP DONATION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Southwestern II College Foundation | | Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013 |
| Mailing Address 2500 Carlyle Ave | | Amount of Each Disbursement this Period 500.00 Transaction ID : 30714.E11297 |
| City Belleville | State IL | |
| Zip Code 62221-5859 | Purpose of Disbursement SCHOLARSHIP DONATION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Molly Watkins Benefit | | Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013 |
| Mailing Address 902 Hampton Court | | Amount of Each Disbursement this Period 250.00 Transaction ID : 30714.E11327 |
| City Belleville | State IL | |
| Zip Code 62223- | Purpose of Disbursement DONATION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 11800.00 |