

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

C00703488

3. IS THIS REPORT NEW OR AMENDED

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)

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

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

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

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

MM/DD/YYYY 11/12/2019

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

Table with 7 empty columns and 1 row for Office Use Only.

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)).... | 39318.00 | 137365.38 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 475.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 39318.00 | 136890.38 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 72648.48 | 100356.77 |
| (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))..... | 72648.48 | 100356.77 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 36539.97 | |
| 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)..... | 12600.00 | |

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)..... | 31035.00 | 102920.00 |
| (ii) Unitemized..... | 7084.00 | 25246.38 |
| (iii) TOTAL of contributions from individuals ▶ | 38119.00 | 128166.38 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 1199.00 | 9199.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 39318.00 | 137365.38 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 5600.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 5600.00 |
| 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)..... ▶ | 39318.00 | 142965.38 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 72648.48 | 100356.77 |
| 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 | 475.00 |
| (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 | 475.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 5593.64 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 72648.48 | 106425.41 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 69870.45 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 39318.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 109188.45 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 72648.48 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 36539.97 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

THIS AMENDED FILING AND THE TEXT BELOW SERVES AS OUR RESPONSE TO THE REQUEST FOR ADDITIONAL INFORMATION SENT ON NOVEMBER 4. WE ARE AWARE OF THE LIMITS SET FORTH BY THE COMMISSION FOR OUR DONORS. DUE TO A DATA ENTRY ERROR THERE WERE DUPLICATE RECORDS THAT WERE INADVERTENTLY CREATED FOR TWO OF OUR DONORS. THESE DUPLICATE RECORDS HAVE BEEN MERGED FOR THIS AMENDED FILING. THE EXCESSIVE PORTION OF CONTRIBUTIONS FOR BOTH DONORS HAVE BEEN REFUNDED AND WILL BE REFLECTED ON OUR NEXT FILING WITH THE COMMISSION..

Form/Schedule:
Transaction ID:

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 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
REYES, JAY, , ,

Mailing Address 285 GAGE ROAD

City RIVERSIDE State IL Zip Code 60546-2348

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

Name of Employer TRITON COLLEGE Occupation BOARD MEMBER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2019

Transaction ID : **A2855A279933940D88DE**

Amount of Each Receipt this Period
100.00

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 PROGRAMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
960.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : **AD52BD75A977C4B3AA3E**

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SMITH, ROBERT, J., ,

Mailing Address 836 GLENVIEW RD

City GLENVIEW State IL Zip Code 60025-3213

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

Name of Employer SELF EMPLOYED Occupation DIRECTOR

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
07 / 01 / 2019

Transaction ID : **AB5A9D3FC64CB4566852**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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: PAGE 7 OF 50
(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)
PICCHIOTTI, JOHN, R., ,
 Mailing Address 829 N. BELMONT AVE.
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LISTON TSANTILIS P.C. Occupation SUMMER INTERN
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : A83200FE3E03B4401B2F
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
AGUILERA, PETER, , ,
 Mailing Address 229 W. GALENA BOULEVARD
 City AURORA State IL Zip Code 60505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALL A ELECTRIC Occupation OWNER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2019
Transaction ID : A08E2C4B5B03043008E6
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
PICCHIOTTI, JOHN, R., ,
 Mailing Address 829 N. BELMONT AVE.
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LISTON TSANTILIS P.C. Occupation SUMMER INTERN
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 635.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2019
Transaction ID : AAB66CEFC72E9476A9A0
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 535.00
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: PAGE 8 OF 50
(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)
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 PROGRAMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2019

Transaction ID : **A4209C7386D61473BA3D**

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
RYAN, RICHARD, P., ,

Mailing Address 1602 WINNERS CUP CIECLE

City SAINT CHARLES State IL Zip Code 60174-5846

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
09 / 22 / 2019

Transaction ID : **A0DD0D9FC4DEE46F2875**

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BOU-SAAB, JAMIL, F, ,

Mailing Address 1023 S. HOME

City OAK PARK State IL Zip Code 60304-1834

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

Name of Employer TERRA ENGINEERING LTD. Occupation EXECUTIVE VICE PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2019

Transaction ID : **A878932C29D1D4517A0F**

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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: PAGE 9 OF 50
(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)
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 PROGRAMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 29 2019

Transaction ID : **AE03740A007954118A08**

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 13 DEEPWOOD RD

City BARRINGTON State IL Zip Code 60010-8601

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

Name of Employer HBC Occupation CONSULTANT

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
08 19 2019

Transaction ID : **A3EADAF3789AE4445BB4**

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4270 S LAKE CT

City DECATUR State IL Zip Code 62521

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 28 2019

Transaction ID : **AD010DD78555D434D854**

Amount of Each Receipt this Period
265.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 615.00

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: PAGE 10 OF 50
(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)
FOGLIA, PATRICIA, , ,

Mailing Address 43 CASTLETON CT

City NORTH BARRINGTON State IL Zip Code 60010-6930

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2019

Transaction ID : **A30CFB0C7172C44D498B**

Amount of Each Receipt this Period
2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KUBON, WALTER, F., ,

Mailing Address 1606 PAULA AVE

City WHEATON State IL Zip Code 60189-9164

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 ▼
1525.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : **A24700C9E093744FA9C9**

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ROWE, JOHN, W., ,

Mailing Address 70 W MADISON SUITE 5770

City CHICAGO State IL Zip Code 60602-4380

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 ▼
5500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : **A1CA07B7A95A9415995D**

Amount of Each Receipt this Period
2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5625.00

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: PAGE 11 OF 50
(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)
WEGNER, PATRICIA, , ,

Mailing Address 1117 HOLLY CT

City NAPERVILLE State IL Zip Code 60540-7227

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

Name of Employer ICHP Occupation PHARMACIST

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
08 / 31 / 2019

Transaction ID : **A836C0AE059974F088DA**

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
FOGLIA, VINCENT, W, ,

Mailing Address 43 CASTLETON CT

City NORTH BARRINGTON State IL Zip Code 60010-6930

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

Name of Employer SAGE PRODUCTS Occupation CHAIRMAN OF BOARD

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2019

Transaction ID : **A6C6199BCF1FB4E53918**

Amount of Each Receipt this Period
2800.00

Memo Item

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

Mailing Address 205 N MICHIGAN AVE
STE 4300

City CHICAGO State IL Zip Code 60601-5983

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : **A99D6281FCEBB445BA8C**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3850.00

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: PAGE 12 OF 50
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
GROSS, DIETRICH, , ,
Mailing Address 769 MICHIGAN AVE

City: WILMETTE State: IL Zip Code: 60091-1956

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

Name of Employer: JUPITER ALUMINUM Occupation: CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt: 09 / 16 / 2019
Transaction ID : **A87014446504440DCA77**

Amount of Each Receipt this Period: 2800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JAROS JR, ARTHUIR, , ,
Mailing Address 648 62ND COURT

City: DOWNERS GROVE State: IL Zip Code: 60516-1930

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

Name of Employer: SELF-EMPLOYED Occupation: ATTORNEY

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt: 07 / 05 / 2019
Transaction ID : **A63C17ACF115946F2A4B**

Amount of Each Receipt this Period: 25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PICCHIOTTI, JOHN, R., ,
Mailing Address 829 N. BELMONT AVE.

City: ARLINGTON HEIGHTS State: IL Zip Code: 60004-5605

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

Name of Employer: LISTON TSANTILIS P.C. Occupation: SUMMER INTERN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
710.00

Date of Receipt: 08 / 19 / 2019
Transaction ID : **A64BF797750CA4838B73**

Amount of Each Receipt this Period: 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2875.00

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 13 OF 50 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
ROMANO, KAREN, , ,

Mailing Address 647 EUCLID AVE

| | | |
|--------------------|-------------|-------------------|
| City GLEN ELLYN | State IL | Zip Code 60137 |
|--------------------|-------------|-------------------|

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

| | |
|--------------------------------------|-------------------------|
| Name of Employer METRO STRATEGIES | Occupation PRESIDENT |
|--------------------------------------|-------------------------|

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
 09 / 26 / 2019

Transaction ID : AB8597A488EF74811AFE

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JAROS JR, ARTHUIR, , ,

Mailing Address 648 62ND COURT

| | | |
|-----------------------|-------------|------------------------|
| City DOWNERS GROVE | State IL | Zip Code 60516-1930 |
|-----------------------|-------------|------------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer SELF-EMPLOYED | Occupation ATTORNEY |
|-----------------------------------|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2019

Transaction ID : AD6D5F28B712A4603875

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

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

Mailing Address PO BOX 503

| | | |
|---------------|-------------|------------------------|
| City WAYNE | State IL | Zip Code 60184-0503 |
|---------------|-------------|------------------------|

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 ▼
 _____ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2019

Transaction ID : AFC4CFDB6158E4122AA6

Amount of Each Receipt this Period
 _____ 2800.00

Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 3075.00 |
| 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: PAGE 14 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
RUSSO, RICHARD, D, ,

Mailing Address 1775 NAPERVILLE ROAD

City WHEATON State IL Zip Code 60189-5832

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

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
09 / 04 / 2019

Transaction ID : **A331A2C5D08DE4F72A48**

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PICCHIOTTI, JOHN, R., ,

Mailing Address 829 N. BELMONT AVE.

City ARLINGTON HEIGHTS State IL Zip Code 60004-5605

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

Name of Employer LISTON TSANTILIS P.C. Occupation SUMMER INTERN

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
660.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : **AA51367AD5C8F4A1FBB4**

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GORSKI, GERALD, M., ,

Mailing Address 58-242 ARACENA

City LA QUINTA State CA Zip Code 92253-8228

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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

Transaction ID : **AD0F2D4EFEE5F4A678D8**

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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: PAGE 15 OF 50
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
PICCHIOTTI, JOHN, R., ,
 Mailing Address 829 N. BELMONT AVE.
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LISTON TSANTILIS P.C. Occupation SUMMER INTERN
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 610.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2019
Transaction ID : A8E61CCF5E0BA49D0B53
 Amount of Each Receipt this Period
 25.00
 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 PROGRAMER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2019
Transaction ID : A1F030538C03843B4AFA
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
KEISER, MICHAEL, L., ,
 Mailing Address 2450 N LAKEVIEW AVE
 City CHICAGO State IL Zip Code 60614-2878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RPG INC Occupation EXECUTIVE
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2019
Transaction ID : A7332020DD12442B2B7B
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

1125.00

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

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

FOR LINE NUMBER: PAGE 16 OF 50
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
CITIZENS FOR EVELYN

A. 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 PROGRAMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
860.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 04 / 2019

Transaction ID : **AB9803D33CEB347EAB3D**

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
D'ORAZIO, ROGER (R.J.), , ,

Mailing Address 836 S COUNTY LINE RD

City HINSDALE State IL Zip Code 60521-4554

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

Name of Employer D'ORAZIO CAPITAL PARTNERS, LLC Occupation CEO

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2019

Transaction ID : **AA0B8D916A8343FDB01**

Amount of Each Receipt this Period
2800.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KENYON, MICHAEL, J., ,

Mailing Address 1250 E MAIN ST

City SOUTH ELGIN State IL Zip Code 60177-1712

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

Name of Employer KENYON BROTHERS Occupation FARMER

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 19 / 2019

Transaction ID : **A7B88ADF5258645B1832**

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3300.00

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 17 OF 50 | |
| | <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
KUBINSKI, PAUL, A., ,

Mailing Address 2430 BAINBRIDGE BLVD.

| | | |
|----------------------|-------------|------------------------|
| City WEST CHICAGO | State IL | Zip Code 60185-6420 |
|----------------------|-------------|------------------------|

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 ▼
 _____ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : A8D8E2F1B8D274129A1D

Amount of Each Receipt this Period
 _____ 150.00

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 PROGRAMER |
|-----------------------------------|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 760.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 28 / 2019

Transaction ID : A4CCD8B05DBD04A6988A

Amount of Each Receipt this Period
 _____ 10.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHAVEZ, JUAN, E., ,

Mailing Address 2977 BRAEMORE DR

| | | |
|----------------------|-------------|------------------------|
| City WEST CHICAGO | State IL | Zip Code 60185-6437 |
|----------------------|-------------|------------------------|

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

| | |
|------------------------------|-------------------------|
| Name of Employer JET SERT | Occupation EXECUTIVE |
|------------------------------|-------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 18 / 2019

Transaction ID : A21D9B3B9B73C450F826

Amount of Each Receipt this Period
 _____ 100.00

Memo Item

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | _____ 260.00 |
| 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: PAGE 18 OF 50
(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)
GALLWAS, MARTIN, , ,

Mailing Address 4618 DOWNERS DRIVE

City: DOWNERS GROVE State: IL Zip Code: 60515-2724

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: 350.00

Date of Receipt: 07 / 18 / 2019

Transaction ID : A645E1A6EC6A343D9AAE

Amount of Each Receipt this Period: 100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LILLARD, JOHN, S., ,

Mailing Address 1340 N WAUKEGAN RD

City: LAKE FOREST State: IL Zip Code: 60045-1147

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: 1000.00

Date of Receipt: 07 / 19 / 2019

Transaction ID : AD2F4CE34AECC4A59B22

Amount of Each Receipt this Period: 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
RUTLEDGE, JOHN, K., ,

Mailing Address 1898 CAMBRIDGE LN

City: WHEATON State: IL Zip Code: 60189-8406

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: 1500.00

Date of Receipt: 08 / 19 / 2019

Transaction ID : A2DCCDCE49AC64B9D8C2

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00

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: PAGE 19 OF 50
(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)
FEECE, COLEEN R., , ,

Mailing Address 321 ELLEN LN

City BATAVIA State IL Zip Code 60510-2503

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 19 2019

Transaction ID : **A3552BD69AAC84E0EAED**

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 726 GREENWOOD AVE

City WILMETTE State IL Zip Code 60091-1748

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 ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 19 2019

Transaction ID : **A5CC38B4B80CB4BDAA48**

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 209 E LAKE SHORE DR
8W

City CHICAGO State IL Zip Code 60611-1307

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

Name of Employer MIAMI CORPORATION Occupation PRESIDENT

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 16 2019

Transaction ID : **ADB0D494492B647A2A50**

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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: PAGE 20 OF 50
(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)
KUNKLER, WILLIAM, , ,
 Mailing Address 1500 N LAKE SHORE DR
 City CHICAGO State IL Zip Code 60610-6686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CC INDUSTRIES, INC. Occupation EXECUTIVE VICE PRESIDENT
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2019
Transaction ID : A67BD21FD4B4D421DB26
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
BUTERA, PAUL, , ,
 Mailing Address 1 CLOCK TOWER PLAZA
 City ELGIN State IL Zip Code 60120-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation GROCER
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2019
Transaction ID : A610A5AD94F8E4F0D865
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
CRANE, CHRISTOPHER, , ,
 Mailing Address 2450 PERSIMMON DR
 City SAINT CHARLES State IL Zip Code 60174-5608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EXELON Occupation PRESIDENT AND CEO
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2019
Transaction ID : A12C66204CBDB4CBE902
 Amount of Each Receipt this Period
 2800.00
 Memo Item

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

4800.00

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 21 OF 50 | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
THE LAW OFFICE OF SCOTT D DESALVO, LLC

Mailing Address 200 N LASALLE STREET #2675

| | | |
|-----------------|-------------|------------------------|
| City CHICAGO | State IL | Zip Code 60601-1020 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2019

Transaction ID : A9A31B9BDC02D4958989

Amount of Each Receipt this Period

Memo Item
VERIFIED AS FEDERALLY PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
DESALVO, SCOTT, D, ,

Mailing Address 425 S HOME AVE #3A

| | | |
|------------------|-------------|------------------------|
| City OAK PARK | State IL | Zip Code 60302-3721 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee.

| | |
|---|------------------------|
| Name of Employer THE LAW OFFICE OF SCOTT D DESALVO, LL | Occupation ATTORNEY |
|---|------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2019

Transaction ID : A51C16A9A053B4651B32

Amount of Each Receipt this Period

Memo Item
PARTNERSHIP: THE LAW OFFICE OF SCOTT D DESALVO, LLC

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee.

| | |
|------------------|------------|
| 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)..... ▶

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

| |
|---------------------------------------|
| <input type="text" value="1000.00"/> |
| <input type="text" value="31035.00"/> |

**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 22 OF 50 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
SENGER FOR COMPTROLLER

Mailing Address PO BOX 5843

| | | |
|--------------------|-------------|------------------------|
| City NAPERVILLE | State IL | Zip Code 60567-5843 |
|--------------------|-------------|------------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 999.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2019

Transaction ID : A59A6977655C74394956

Amount of Each Receipt this Period
 _____ 499.00

Memo Item
PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)
CANAL BARGE COMPANY INC PAC (CANAL BARGE PAC)

Mailing Address 835 UNION ST

| | | |
|---------------------|-------------|------------------------|
| City NEW ORLEANS | State LA | Zip Code 70112-1401 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00541110

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2019

Transaction ID : A7EFFBC78CAE74A388BE

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR PINEDA

Mailing Address 402 HARRISON ST

| | | |
|----------------------|-------------|------------------------|
| City WEST CHICAGO | State IL | Zip Code 60185-2702 |
|----------------------|-------------|------------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2019

Transaction ID : A4F27826379B2460CBAA

Amount of Each Receipt this Period
 _____ 100.00

Memo Item
VERIFIED AS FEDERALLY PERMISSIBLE FUNDS

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | _____ 1099.00 |
| 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 23 OF 50 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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)
CITIZENS FOR EVELYN

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT ROBERT MARSHALL

Mailing Address 3304 GROVE AVE

| | | |
|----------------|-------------|------------------------|
| City BERWYN | State IL | Zip Code 60402-3448 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00583567

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2019

Transaction ID : ABC40E9FF3BC40A7B5A

Amount of Each Receipt this Period
 _____ 100.00

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).....▶ | _____ 100.00 |
| TOTAL This Period (last page this line number only).....▶ | _____ 1199.00 |

**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 24 OF 50 | |
| | <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. PROFESSIONAL DATA SERVICES, INC. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 |
| Mailing Address 2470 DANIELS BRIDGE RD STE 121 | | FEC Identification Number C |
| City ATHENS | State GA | Zip Code 30606-6191 |
| Purpose of Disbursement COMPLIANCE CONSULTING | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 2000.00 | |
| 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: | Transaction ID : BAE4BC1668603480DBC0 <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. STAYBRIDGE SUITES | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 |
| Mailing Address 1301 WINTERSON RD | | FEC Identification Number C |
| City LINTHICUM HEIGHTS | State MD | Zip Code 21090-1013 |
| Purpose of Disbursement TRAVEL: LODGING | Category/Type 002 | |
| Candidate Name | Amount of Each Disbursement this Period 359.34 | |
| 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: | Transaction ID : BDA78A1A36C5C476FA71 <input type="checkbox"/> Memo Item | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. RED LEADER STRATEGIES, INC | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 |
| Mailing Address 501 FLOCK AVENUE | | FEC Identification Number C |
| City NAPERVILLE | State IL | Zip Code 60565-1299 |
| Purpose of Disbursement FUNDRAISING CONSULTING FEE | Category/Type 001 | |
| Candidate Name | Amount of Each Disbursement this Period 3500.00 | |
| 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: | Transaction ID : B89171055C02646C4B60 <input type="checkbox"/> Memo Item | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5859.34 |
| 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 25 OF 50 | |
| | <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. GODFREY, CLAY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 | |
| Mailing Address 2930 N SHERIDAN RD #612 | | | FEC Identification Number C | |
| City CHICAGO | State IL | Zip Code 60657 | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement FIELD CONSULTING FEES | | Category/ Type 001 | Transaction ID : BC1B65D04F6FB4366BBB | |
| 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: | | | | |

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 30.54 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : B239442FB912045D39BA | |
| 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: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. LTM CAMPAIGN STRATEGIES | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019 | |
| Mailing Address 500 IROQUOIS AVE | | | FEC Identification Number C | |
| City NAPERVILLE | State IL | Zip Code 60563-1312 | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement STRATEGY CONSULTING FEES | | Category/ Type 001 | Transaction ID : BB666ED2800AA4F7F945 | |
| 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).....▶ | 10030.54 |
| 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 26 OF 50 | |
| | <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 07 / 08 / 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 : B668685BCECD2416C8E7 <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 07 / 09 / 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) ▼ | 5.91 |
| State: District: | | Transaction ID : BDEAC2BA764914A0FA02 <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 07 / 10 / 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) ▼ | 13.15 |
| State: District: | | Transaction ID : BD5B03F0BA20C4C74B24 <input type="checkbox"/> Memo Item |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 27.94 |
| 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 27 OF 50 | |
| | <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 07 / 12 / 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) ▼ | Transaction ID : B09C00051DF4641DD8AC |
| 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 | | M M / D D / Y Y Y Y 07 / 15 / 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) ▼ | Transaction ID : B9D17EFEE38EE462B999 |
| 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 | | M M / D D / Y Y Y Y 07 / 16 / 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) ▼ | Transaction ID : B5F8B357222044592B8C |
| State: District: | | <input type="checkbox"/> Memo Item |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 28.21 |
| 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 28 OF 50 | |
| | <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

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: 07 / 17 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.78

Transaction ID : B5AB52921C684416DABB

Memo Item

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

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: 07 / 17 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 10.02

Transaction ID : B85B7A795E7F0424DB56

Memo Item

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

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: 07 / 19 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 13.16

Transaction ID : B0FA7A82A92C14F0D857

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 23.96

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 29 OF 50 | |
| | <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. INDIAN COMMUNITY OUTREACH ORGANIZATION | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2019 | |
| Mailing Address 750 SHORELINE DR | | | FEC Identification Number C | |
| City AURORA | State IL | Zip Code 60504-6184 | Amount of Each Disbursement this Period 300.00 | |
| Purpose of Disbursement EVENT TICKETS | | Category/Type | Transaction ID : B2F6CAA112946456D944 | |
| 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. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 13.14 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type | Transaction ID : B1C97878300694A698D2 | |
| 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. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 19.53 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type | Transaction ID : BBCF49D0F3473460BA95 | |
| 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).....▶ | 332.67 |
| 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 30 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input 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)
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
07 / 24 / 2019

FEC Identification Number
C

Amount of Each Disbursement this Period
26.64

Transaction ID : B5E84C650EB7F464692D

Memo Item

B. 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
DIGITAL ADVERTISING

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
07 / 29 / 2019

FEC Identification Number
C

Amount of Each Disbursement this Period
8863.40

Transaction ID : B8463A1062ED64FDDB3F

Memo Item

C. 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
07 / 29 / 2019

FEC Identification Number
C

Amount of Each Disbursement this Period
3.56

Transaction ID : B249921B76B5340A491C

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 8893.60

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 31 OF 50 | |
| | <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 M M / D D / Y Y Y Y 07 / 30 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | FEC Identification Number C |
| City ARLINGTON | State VA Zip Code 22209-2257 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Amount of Each Disbursement this Period 5.33 |
| 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) ▼ | Transaction ID : BF4F94E9937974BD6806 <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. TARGETED VICTORY | | Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | FEC Identification Number C |
| City ARLINGTON | State VA Zip Code 22209-2257 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Amount of Each Disbursement this Period 1.78 |
| 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) ▼ | Transaction ID : BE7D4A3730BE34493867 <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. TARGETED VICTORY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | FEC Identification Number C |
| City ARLINGTON | State VA Zip Code 22209-2257 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Amount of Each Disbursement this Period 7.11 |
| 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) ▼ | Transaction ID : B27ED8EF3A15C48D89FE <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 14.22 |
| 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 32 OF 50 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input 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)
CITIZENS FOR EVELYN

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. GODFREY, CLAY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2019 | |
| Mailing Address 2930 N SHERIDAN RD #612 | | | FEC Identification Number C | |
| City CHICAGO | State IL | Zip Code 60657 | Amount of Each Disbursement this Period 5000.00 | |
| Purpose of Disbursement FIELD CONSULTING FEES | | Category/ Type 001 | Transaction ID : B2DCF7003CFDA41A0B20 | |
| 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: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. RED LEADER STRATEGIES, INC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2019 | |
| Mailing Address 501 FLOCK AVENUE | | | FEC Identification Number C | |
| City NAPERVILLE | State IL | Zip Code 60565-1299 | Amount of Each Disbursement this Period 3500.00 | |
| Purpose of Disbursement FUNDRAISING CONSULTING FEE | | Category/ Type 001 | Transaction ID : BF2341A5E7FF74410B4E | |
| 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: | | | | |

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 48.81 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : BEF64EEA322B44DD6809 | |
| 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: | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 8548.81 |
| 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 33 OF 50 | | | |
| | <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. LTM CAMPAIGN STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address 500 IROQUOIS AVE

City NAPERVILLE State IL Zip Code 60563-1312

Purpose of Disbursement STRATEGY CONSULTING FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : BBCCF92608D384FA4BDB

Memo Item

B. COR STRATEGIES, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 738 E DUNDEE RD #251

City PALATINE State IL Zip Code 60074-2858

Purpose of Disbursement FUNDRAISING CONSULTING Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 448.31

Transaction ID : B86D31F3E3A314DC0881

Memo Item

C. JACKSACK LAW OFFICES

Full Name (Last, First, Middle Initial)
Mailing Address 4043 N RAVENSWOOD ST 225

City CHICAGO State IL Zip Code 60613-5682

Purpose of Disbursement LEGAL CONSULTING Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 525.00

Transaction ID : BD6A44A779544437C969

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5973.31

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 34 OF 50 | | | |
| | <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 08 / 12 / 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 7.81 |
| 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 : BC1731F63F2C04C7DABA |
| 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 | | M M / D D / Y Y Y Y 08 / 14 / 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 4.34 |
| 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 : B1263D07F41FB4827A26 |
| 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 | | M M / D D / Y Y Y Y 08 / 15 / 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 0.71 |
| 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 : B4AF61E7CB7404365BDE |
| State: District: | | <input type="checkbox"/> Memo Item |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 12.86 |
| 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 35 OF 50 | |
| | <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 M M / D D / Y Y Y Y 08 / 19 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | FEC Identification Number C |
| City ARLINGTON | State VA | |
| Zip Code 22209-2257 | Purpose of Disbursement CC TRANSACTION FEES | Amount of Each Disbursement this Period 1.78 |
| Candidate Name | Category/Type | Transaction ID : BD4327ECD026A472F8FE |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. TARGETED VICTORY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | FEC Identification Number C |
| City ARLINGTON | State VA | |
| Zip Code 22209-2257 | Purpose of Disbursement CC TRANSACTION FEES | Amount of Each Disbursement this Period 4.27 |
| Candidate Name | Category/Type | Transaction ID : B15E1AB0B01F84D3D83E |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. TARGETED VICTORY | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | FEC Identification Number C |
| City ARLINGTON | State VA | |
| Zip Code 22209-2257 | Purpose of Disbursement CC TRANSACTION FEES | Amount of Each Disbursement this Period 11.91 |
| Candidate Name | Category/Type | Transaction ID : B303CFB2A584F406AAE3 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 17.96 |
| 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 36 OF 50 | |
| | <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="08"/> / <input type="text" value="22"/> / <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="1.78"/> |
| 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 : B1F0B8670F7B74E3996F |
| 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="08"/> / <input type="text" value="26"/> / <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="7.10"/> |
| 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 : B56CC26F5F42E48D5841 |
| State: District: | | <input type="checkbox"/> Memo Item |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. TARGETED VICTORY | | Date of Disbursement |
| Mailing Address 1100 WILSON BLVD FL 10 | | <input type="text" value="08"/> / <input type="text" value="28"/> / <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="7.10"/> |
| 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 : BC5F34EA40A934C62ACA |
| State: District: | | <input type="checkbox"/> Memo Item |

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|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | <input type="text" value="15.98"/> |
| 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 37 OF 50 | |
| | <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: 08 / 29 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 114.80

Transaction ID : B314DA442848847BF9EF

Memo Item

B. RED LEADER STRATEGIES, INC

Full Name (Last, First, Middle Initial)
Mailing Address 501 FLOCK AVENUE

City NAPERVILLE State IL Zip Code 60565-1299

Purpose of Disbursement FUNDRAISING CONSULTING FEE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : B77F2621C28414C00A90

Memo Item

C. 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: 08 / 30 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.49

Transaction ID : B5C9A09569C8F4B7CAF6

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3617.29

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 38 OF 50 | | | |
| | <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. GODFREY, CLAY, , , | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2019 | | |
| Mailing Address 2930 N SHERIDAN RD #612 | | | FEC Identification Number C | | |
| City CHICAGO | State IL | Zip Code 60657 | Amount of Each Disbursement this Period 5000.00 | | |
| Purpose of Disbursement FIELD CONSULTING FEES | | Category/ Type 001 | Transaction ID : B6E836D4CC1594E2099E | | |
| 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: | | | | | |

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|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. LTM CAMPAIGN STRATEGIES | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2019 | | |
| Mailing Address 500 IROQUOIS AVE | | | FEC Identification Number C | | |
| City NAPERVILLE | State IL | Zip Code 60563-1312 | Amount of Each Disbursement this Period 5000.00 | | |
| Purpose of Disbursement STRATEGY CONSULTING FEES | | Category/ Type 001 | Transaction ID : BE28EC2E68295479AA4A | | |
| 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. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2019 | | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 3.90 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : BF01454318C21488A86F | | |
| 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: | | | | | |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 10003.90 |
| 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 39 OF 50 | |
| | <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 09 / 04 / 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) ▼ | 7.10 |
| State: District: | | Transaction ID : B347C862FB20348D29FD |
| | | <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 09 / 05 / 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) ▼ | 35.25 |
| State: District: | | Transaction ID : BD6420FDF397F4DBD9A0 |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES, INC. | | Date of Disbursement |
| Mailing Address 2470 DANIELS BRIDGE RD STE 121 | | M M / D D / Y Y Y Y 09 / 06 / 2019 |
| City ATHENS | State GA | Zip Code 30606-6191 |
| Purpose of Disbursement COMPLIANCE CONSULTING | | 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) ▼ | 4064.17 |
| State: District: | | Transaction ID : BB4718AB4CAD74DF6923 |
| | | <input type="checkbox"/> Memo Item |

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| SUBTOTAL of Disbursements This Page (optional).....▶ | 4106.52 |
| 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 40 OF 50 | | | |
| | <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. XPRESS PROFESSIONAL SERVICES, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2019 |
| Mailing Address 220 E ADAMS ST | | | FEC Identification Number C |
| City SPRINGFIELD | State IL | Zip Code 62701-1123 | Amount of Each Disbursement this Period 4460.63 |
| Purpose of Disbursement PALM CARDS | | Category/Type | Transaction ID : BC8B35730782345729C8 |
| 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: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 41.00 |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type | Transaction ID : BEB73B7E6933B47CA93A |
| 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: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) C. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2019 |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 199.51 |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type | Transaction ID : B413C5AADB6D64D32B56 |
| 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).....▶ | 4701.14 |
| 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 41 OF 50 | |
| | <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: 09 / 12 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.21

Transaction ID : BE07C9EA446614CB3873

Memo Item

B. GREATER GEORGIA PRINTERS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 75

City CRAWFORD State GA Zip Code 30630-0075

Purpose of Disbursement LETTERHEAD

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 13 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 347.98

Transaction ID : B2AE2E07B5C804665B0E

Memo Item

C. 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: 09 / 16 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.42

Transaction ID : B05F1330FD4574B258E3

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 351.61

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 42 OF 50 | | | |
| | <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 09 / 17 / 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) ▼ | 0.71 |
| State: District: | | Transaction ID : BBA25B90F8D2F4A52838 |
| | | <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 09 / 18 / 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) ▼ | 11.36 |
| State: District: | | Transaction ID : BB23FCA6EE887438A967 |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. BKZ CONSULTING, INC | | Date of Disbursement |
| Mailing Address 1931 W PATTERSON AVE | | M M / D D / Y Y Y Y 09 / 23 / 2019 |
| City CHICAGO | State IL | Zip Code 60613-3523 |
| Purpose of Disbursement FUNDRAISING CONSULTING | | 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) ▼ | 1099.88 |
| State: District: | | Transaction ID : BE46348D6E2C24FCD9C1 |
| | | <input type="checkbox"/> Memo Item |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1111.95 |
| 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 43 OF 50 | |
| | <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 M M / D D / Y Y Y Y 09 / 23 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 7.10 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : BA2903706349E4AEEA0A | |
| 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. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 11.95 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : B06CA6F15DEE54EDBB66 | |
| 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. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 17.75 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : B95FF755C7A234F6DA02 | |
| 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: | | | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 36.80 |
| 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 44 OF 50 | |
| | <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 M M / D D / Y Y Y Y 09 / 27 / 2019 | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 10.65 | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/Type | Transaction ID : B21800B4DB96C425F9DE | |
| 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. ARISTOTLE | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | |
| Mailing Address 205 PENNSYLVANIA AVE SE | | | FEC Identification Number C | |
| City WASHINGTON | State DC | Zip Code 20003-1164 | Amount of Each Disbursement this Period 3900.00 | |
| Purpose of Disbursement SOFTWARE | | Category/Type 001 | Transaction ID : B002F5DABABED4A44B7E | |
| 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. RED LEADER STRATEGIES, INC | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | |
| Mailing Address 501 FLOCK AVENUE | | | FEC Identification Number C | |
| City NAPERVILLE | State IL | Zip Code 60565-1299 | Amount of Each Disbursement this Period 1389.00 | |
| Purpose of Disbursement FUNDRAISING CONSULTING FEE | | Category/Type 001 | Transaction ID : B2ECF3F1CCF9B46AA810 | |
| 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: | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5299.65 |
| 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 45 OF 50 | | | |
| | <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 M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 0.71 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : B6E570688E27F456C854 | | |
| 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. TARGETED VICTORY | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019 | | |
| Mailing Address 1100 WILSON BLVD FL 10 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22209-2257 | Amount of Each Disbursement this Period 21.31 | | |
| Purpose of Disbursement CC TRANSACTION FEES | | Category/ Type | Transaction ID : B0522FB3FE7DB4529A0C | | |
| 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. RED LEADER STRATEGIES, INC | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2019 | | |
| Mailing Address 501 FLOCK AVENUE | | | FEC Identification Number C | | |
| City NAPERVILLE | State IL | Zip Code 60565-1299 | Amount of Each Disbursement this Period 1890.00 | | |
| Purpose of Disbursement SEE MEMO - REIMBURSEMENT | | Category/ Type 001 | Transaction ID : B59580E353107473981D | | |
| 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: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1912.02 |
| 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 46 OF 50 | | | |
| | <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. COOPER'S HAWK | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2019 | |
| Mailing Address 2501 WABASH AVE | | | FEC Identification Number C | |
| City SPRINGFIELD | State IL | Zip Code 62704-4276 | Amount of Each Disbursement this Period 1711.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : B6FC425F9D9E046579FD | |
| Candidate Name | | Memo Item <input checked="" 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. RED LEADER STRATEGIES, INC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019 | |
| Mailing Address 501 FLOCK AVENUE | | | FEC Identification Number C | |
| City NAPERVILLE | State IL | Zip Code 60565-1299 | Amount of Each Disbursement this Period 1217.99 | |
| Purpose of Disbursement SEE MEMO - REIMBURSEMENT | | Category/ Type 001 | Transaction ID : B7FAB440C433647A6AA5 | |
| 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. RED LEADER STRATEGIES, INC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019 | |
| Mailing Address 501 FLOCK AVENUE | | | FEC Identification Number C | |
| City NAPERVILLE | State IL | Zip Code 60565-1299 | Amount of Each Disbursement this Period 59.40 | |
| Purpose of Disbursement MILEAGE REIMBURSEMENT | | Category/ Type 001 | Transaction ID : BA712FD35D76541D5A92 | |
| Candidate Name | | Memo Item <input checked="" 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: | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1217.99 |
| 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 47 OF 50 | |
| | <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. JOHN & TONY'S | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019 | |
| Mailing Address 27W371 NORTH AVE | | | FEC Identification Number C | |
| City WEST CHICAGO | State IL | Zip Code 60185-1533 | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement MEETING EXPENSE | | Category/ Type 001 | Transaction ID : B60A9F32899F94F989C8 | |
| Candidate Name | | Memo Item <input checked="" 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. LTM CAMPAIGN STRATEGIES | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019 | |
| Mailing Address 500 IROQUOIS AVE | | | FEC Identification Number C | |
| City NAPERVILLE | State IL | Zip Code 60563-1312 | Amount of Each Disbursement this Period 305.19 | |
| Purpose of Disbursement REIMBURSEMENT - SEE MEMO | | Category/ Type 001 | Transaction ID : BC3F80BDF2D1D4A1291B | |
| 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. UNITED AIRLINES, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019 | |
| Mailing Address 77 W WACKER DR | | | FEC Identification Number C | |
| City CHICAGO | State IL | Zip Code 60601-1604 | Amount of Each Disbursement this Period 273.60 | |
| Purpose of Disbursement TRAVEL EXPENSES | | Category/ Type 002 | Transaction ID : B5B61DBB5063C42BF85F | |
| Candidate Name | | Memo Item <input checked="" 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: | | | | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 305.19 |
| TOTAL This Period (last page this line number only).....▶ | 72443.46 |

SCHEDULE C (FEC Form 3)
LOANS

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

| | | |
|---|-------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item SANGUINETTI, EVELYN, , , | | 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 100.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 100.00 |
|-----------------------------------|------------------------------------|---|

| | | | | |
|--------------|---------------------------------------|--------------------------------|--|---|
| TERMS | Date Incurred M 04 / D 09 / 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 |
|--------------|---------------------------------------|--------------------------------|--|---|

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: <input style="width: 150px;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional).....▶ | <input style="width: 150px;" type="text" value="100.00"/> |
| TOTALS This Period (last page in this line only)▶ | <input style="width: 150px;" type="text"/> |

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

SCHEDULE C (FEC Form 3)
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 | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5500.00 | 0.00 | 5500.00 |

| | | | | |
|--------------|----------------------|--------------------|----------------------------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M 05 / D 06 / 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).....▶ | 5500.00 |
| TOTALS This Period (last page in this line only).....▶ | 5600.00 |

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

| | | | |
|--|-------|----------|---------------------------|
| 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) | 7000.00 |
| 2) TOTALS This Period (last page this line number only) | 7000.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 5600.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 12600.00 |