

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Michael W Halpin

Signature of Treasurer Michael W Halpin [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="16.47"/>	<input type="text" value="16.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3622.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="82766.05"/>	<input type="text" value="106890.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86389.03"/>	<input type="text" value="106906.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="62422.50"/>	<input type="text" value="82940.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23966.53"/>	<input type="text" value="23966.53"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24165.00	27218.05
(ii) Unitemized	17283.00	28077.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41448.00	55295.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5100.00	7050.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	46548.00	62345.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	604.00	854.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5855.86	5855.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	15403.93	15953.93
(b) Levin Funds (from Schedule H5)	14354.26	21881.22
(c) Total Transfers (add 18(a) and 18(b))..	29758.19	37835.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	82766.05	106890.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53007.86	69055.02

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	6240.42	7202.80
(ii) Non-Federal Share.....	15403.93	17878.66
(b) Other Federal Operating Expenditures	15164.03	18810.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36808.38	43891.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	10000.00	10250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	4379.02	8181.88
(ii) "Levin" Share.....	11235.10	19585.41
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	1031.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	15614.12	28798.29
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	62422.50	82940.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35783.47	45476.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	46548.00	62345.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46548.00	62345.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21404.45	26013.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	604.00	854.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20800.45	25159.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Phil Banaszek
Full Name (Last, First, Middle Initial)

Mailing Address 3514 56th St Place

City Moline	State IL	Zip Code 61265
----------------	-------------	-------------------

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

Name of Employer Rock Island County	Occupation County Board
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : SA11AI.6178

Amount of Each Receipt this Period
160.00

DD 6 Tickets

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

Mailing Address 3514 56th St Place

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rock Island County	Occupation County Board
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : SA11AI.6357

Amount of Each Receipt this Period
100.00

Cash

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

Mailing Address 2714 W 3rd Street

City Coal Valley	State IL	Zip Code 61240-9660
---------------------	-------------	------------------------

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

Name of Employer Rock Island County	Occupation Circuit Clerk
----------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period
100.00

DD

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 101
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Lisa Bierman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2714 W 3rd Street
 City Coal Valley State IL Zip Code 61240-9660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Island County Occupation Circuit Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : SA11AI.6287
 Amount of Each Receipt this Period
 100.00

B. Ann Boyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 2516 35th ST
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quad City Times Occupation Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : SA11AI.6159
 Amount of Each Receipt this Period
 100.00
 DD

C. Ann Boyd
 Full Name (Last, First, Middle Initial)
 Mailing Address 2516 35th ST
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quad City Times Occupation Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : SA11AI.6160
 Amount of Each Receipt this Period
 60.00
 6 Tickets

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. John R Brandmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 20th Ave
 City Rock Island State IL Zip Code 61201-4745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Island County Occupation Board Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2012
Transaction ID : SA11AI.6281
 Amount of Each Receipt this Period 350.00
 TAB

B. John E Brown Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 17th Street
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Island County Occupation Deputy County Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 29 / 2012
Transaction ID : SA11AI.6162
 Amount of Each Receipt this Period 100.00
 DD

C. John E Brown Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 17th Street
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Island County Occupation Deputy County Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 08 / 29 / 2012
Transaction ID : SA11AI.6163
 Amount of Each Receipt this Period 60.00
 6 Tickets

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. Gerald Bustos

Mailing Address 2144 10th St Place

City East Moline	State IL	Zip Code 61244
---------------------	-------------	-------------------

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

Name of Employer Rock Island County	Occupation Sheriff's Deputy
----------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2012

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period
50.00

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

Mailing Address 2320 37th St #1

City Rock Island	State IL	Zip Code 61201
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rock Island County	Occupation Board Member
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2012

Transaction ID : SA11AI.6073

Amount of Each Receipt this Period
100.00

10 tickets

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

Mailing Address 2320 37th St #1

City Rock Island	State IL	Zip Code 61201
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rock Island County	Occupation Board Member
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2012

Transaction ID : SA11AI.6335

Amount of Each Receipt this Period
100.00

DD

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Peter G Caras
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3701

City	State	Zip Code
Rock Island	IL	61204-3701

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

Name of Employer	Occupation
Best Effort	Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period

250.00

B. Peter G Caras
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3701

City	State	Zip Code
Rock Island	IL	61204-3701

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

Name of Employer	Occupation
Best Effort	Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.5936

Amount of Each Receipt this Period

100.00

DD

C. Clarence M Darrow
Full Name (Last, First, Middle Initial)

Mailing Address 1515 4th Ave #300

City	State	Zip Code
Rock Island	IL	61201

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

Name of Employer	Occupation
State of Illinois	Judge

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2012

Transaction ID : SA11AI.6102

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Denny Jacobs & Associates
Full Name (Last, First, Middle Initial)
Mailing Address 3511 8th Street

City East Moline	State IL	Zip Code 61244
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2012

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
250.00

B. Denny Jacobs & Associates
Full Name (Last, First, Middle Initial)
Mailing Address 3511 8th Street

City East Moline	State IL	Zip Code 61244
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.5927

Amount of Each Receipt this Period
260.00

DD and Chicken Fry Tickets

C. Virgil Dueysen
Full Name (Last, First, Middle Initial)
Mailing Address 4312 7th Street

City East Moline	State IL	Zip Code 61244
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rock Island County	Occupation Board Member
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period
60.00

Salute to Labor

SUBTOTAL of Receipts This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Virgil Dueysen
Full Name (Last, First, Middle Initial)
Mailing Address 4312 7th Street

City East Moline	State IL	Zip Code 61244
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rock Island County	Occupation Board Member
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : SA11AI.6168

Amount of Each Receipt this Period

100.00

DD

B. Virgil Dueysen
Full Name (Last, First, Middle Initial)
Mailing Address 4312 7th Street

City East Moline	State IL	Zip Code 61244
---------------------	-------------	-------------------

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

Name of Employer Rock Island County	Occupation Board Member
----------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

350.00

Tap

C. Louisa A Ewert
Full Name (Last, First, Middle Initial)
Mailing Address 2363 31st St

City Moline	State IL	Zip Code 61265
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rock Island County	Occupation County Treasurer
----------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1760.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period

1650.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	2100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Louisa A Ewert
Full Name (Last, First, Middle Initial)

Mailing Address 2363 31st St

City Moline State IL Zip Code 61265

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

Name of Employer Rock Island County Occupation County Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period
 100.00

dd

B. Louisa A Ewert
Full Name (Last, First, Middle Initial)

Mailing Address 2363 31st St

City Moline State IL Zip Code 61265

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

Name of Employer Rock Island County Occupation County Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : SA11AI.5969

Amount of Each Receipt this Period
 60.00

6 Chicken Tickets

C. Ronald B Fiscella
Full Name (Last, First, Middle Initial)

Mailing Address 4350 7th Street

City Moline State IL Zip Code 61265

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

Name of Employer Self Employed Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2012

Transaction ID : SA11AI.6125

Amount of Each Receipt this Period
 350.00

Tap

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Ronald B Fiscella		Date of Receipt MM / DD / YYYY 08 / 27 / 2012
Mailing Address 4350 7th Street		Transaction ID : SA11AI.6126
City Moline	State IL	Zip Code 61265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor	DD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Mary L Fuhr		Date of Receipt MM / DD / YYYY 08 / 03 / 2012
Mailing Address 8228 154th St W		Transaction ID : SA11AI.5919
City Taylor Ridge	State IL	Zip Code 61284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer U.S. Government	Occupation Attorney on the Arsenal	DD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Marita M Griffith		Date of Receipt MM / DD / YYYY 08 / 17 / 2012
Mailing Address 412 39th Street		Transaction ID : SA11AI.6019
City Moline	State IL	Zip Code 61265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer State of Illinois	Occupation Attorney	chicken tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional).....▶	260.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 101
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Marita M Griffith
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 39th Street
 City Moline State IL Zip Code 61265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Attorney
 State of Illinois
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 08 / 17 / 2012
Transaction ID : SA11AI.6020
 Amount of Each Receipt this Period 100.00
 DD

B. Philip Hare
 Full Name (Last, First, Middle Initial)
 Mailing Address 3805 44th Street
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 08 / 19 / 2012
Transaction ID : SA11AI.6088
 Amount of Each Receipt this Period 300.00
 3 DD

C. James E Hecker
 Full Name (Last, First, Middle Initial)
 Mailing Address 9300 270th St North
 City Port Byron State IL Zip Code 61275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Retired
 Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 08 / 07 / 2012
Transaction ID : SA11AI.5953
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 460.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. James E Hecker
Full Name (Last, First, Middle Initial)

Mailing Address 9300 270th St North

City Port Byron	State IL	Zip Code 61275
--------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

100.00

DD

B. Douglas E House
Full Name (Last, First, Middle Initial)

Mailing Address 1724 85th Ave W

City Rock Island	State IL	Zip Code 61201
---------------------	-------------	-------------------

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

Name of Employer City of Moline	Occupation General Manager
------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2012

Transaction ID : SA11AI.5728

Amount of Each Receipt this Period

1000.00

C. Douglas E House
Full Name (Last, First, Middle Initial)

Mailing Address 1724 85th Ave W

City Rock Island	State IL	Zip Code 61201
---------------------	-------------	-------------------

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

Name of Employer City of Moline	Occupation General Manager
------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1110.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : SA11AI.6350

Amount of Each Receipt this Period

60.00

Ckn Fry

SUBTOTAL of Receipts This Page (optional).....	1160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Janice Hubbs		Date of Receipt MM / DD / YYYY 09 / 01 / 2012 Transaction ID : SA11AI.6364
Mailing Address 9427 51st Street W		Amount of Each Receipt this Period 100.00
City Milan	State IL	Zip Code 61264
FEC ID number of contributing federal political committee.	C	Cash
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Donald L Jacobs		Date of Receipt MM / DD / YYYY 08 / 17 / 2012 Transaction ID : SA11AI.6012
Mailing Address 405 24th Ave		Amount of Each Receipt this Period 350.00
City East Moline	State IL	Zip Code 61244
FEC ID number of contributing federal political committee.	C	Tap
Name of Employer Rock Island County	Occupation County Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Donald L Jacobs		Date of Receipt MM / DD / YYYY 09 / 03 / 2012 Transaction ID : SA11AI.6325
Mailing Address 405 24th Ave		Amount of Each Receipt this Period 60.00
City East Moline	State IL	Zip Code 61244
FEC ID number of contributing federal political committee.	C	
Name of Employer Rock Island County	Occupation County Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. Gregg Johnson

Mailing Address 217 32nd Ave

City East Moline State IL Zip Code 61244

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2012

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period
100.00

DD

Full Name (Last, First, Middle Initial)
B. Derek C Jones

Mailing Address 3715 35th St Apt 3

City Moline State IL Zip Code 61265

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

Name of Employer State of Illinois Occupation Staff Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : SA11AI.6179

Amount of Each Receipt this Period
100.00

DD

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

Mailing Address 3715 35th St Apt 3

City Moline State IL Zip Code 61265

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

Name of Employer State of Illinois Occupation Staff Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2012

Transaction ID : SA11AI.6331

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **220.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Carla J Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 2001 28th Street

City Rock Island State IL Zip Code 61201

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

Name of Employer State of Illinois Occupation Grant Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SA11AI.6119

Amount of Each Receipt this Period
160.00

DD 6 Tickets

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

Mailing Address 1919 27th St

City Rock Island State IL Zip Code 61201

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

Name of Employer State of Illinois Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2012

Transaction ID : SA11AI.6131

Amount of Each Receipt this Period
60.00

6 Tickets

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

Mailing Address 1919 27th St

City Rock Island State IL Zip Code 61201

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

Name of Employer State of Illinois Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2012

Transaction ID : SA11AI.6132

Amount of Each Receipt this Period
100.00

DD

SUBTOTAL of Receipts This Page (optional)..... **320.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Luann Kerr
Full Name (Last, First, Middle Initial)

Mailing Address 8512 Ridgewood Rd

City Rock Island State IL Zip Code 61201-7614

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
08 / 07 / 2012

Transaction ID : SA11AI.5933

Amount of Each Receipt this Period
100.00

DD

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

Mailing Address 8512 Ridgewood Rd

City Rock Island State IL Zip Code 61201-7614

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
08 / 07 / 2012

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period
30.00

3 Chicken Tickets

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

Mailing Address 2507 5 1/2 Ave

City Rock Island State IL Zip Code 61201

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

Name of Employer Occupation
Rock Island County Rock Island County Clerk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
08 / 29 / 2012

Transaction ID : SA11AI.6157

Amount of Each Receipt this Period
100.00

DD

SUBTOTAL of Receipts This Page (optional)..... **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Karen Kinney
Full Name (Last, First, Middle Initial)

Mailing Address 2507 5 1/2 Ave

City Rock Island	State IL	Zip Code 61201
---------------------	-------------	-------------------

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

Name of Employer Rock Island County	Occupation Rock Island County Clerk
----------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1860.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : SA11AI.6282

Amount of Each Receipt this Period
1650.00

TAB

B. Ed M Langdon Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1433 31st STreet

City Rock Island	State IL	Zip Code 61201
---------------------	-------------	-------------------

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

Name of Employer Rock Island Count	Occupation County Board
---------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : SA11AI.6155

Amount of Each Receipt this Period
100.00

DD

c. Charles L Layer
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Big Island Pkwy

City Milan	State IL	Zip Code 61264-2113
---------------	-------------	------------------------

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

Name of Employer State of Illinois	Occupation Manager
---------------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

Transaction ID : SA11AI.6114

Amount of Each Receipt this Period
200.00

2 DD

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. Charles L Layer

Mailing Address 1420 Big Island Pkwy

City Milan State IL Zip Code 61264-2113

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

Name of Employer State of Illinois Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2012

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period
40.00

4 Tickets

Full Name (Last, First, Middle Initial)
B. Tom M Lytton

Mailing Address 2910 16th Ave

City Moline State IL Zip Code 61265

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

Name of Employer State of Illinois Occupation Judge

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : SA11AI.6106

Amount of Each Receipt this Period
625.00

Partial Tap

Full Name (Last, First, Middle Initial)
C. Tom M Lytton

Mailing Address 2910 16th Ave

City Moline State IL Zip Code 61265

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

Name of Employer State of Illinois Occupation Judge

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2012

Transaction ID : SA11AI.6307

Amount of Each Receipt this Period
625.00

Tap

SUBTOTAL of Receipts This Page (optional)..... ▶ **1290.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Ken Maranda
Full Name (Last, First, Middle Initial)

Mailing Address 3006 5th St West

City	State	Zip Code
Milan	IL	61284

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

Name of Employer	Occupation
RI County, State of Illinois	Board Member, Dept of Transportation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2012

Transaction ID : SA11AI.5988

Amount of Each Receipt this Period

350.00

Tap

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

Mailing Address 3923 9th Street

City	State	Zip Code
Rock Island	IL	61201

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

Name of Employer	Occupation
Bed Bath & Beyond	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **740.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : SA11AI.6191

Amount of Each Receipt this Period

720.00

C. F. Michael Meersman
Full Name (Last, First, Middle Initial)

Mailing Address 3619 76th Street

City	State	Zip Code
Moline	IL	61265

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

Name of Employer	Occupation
State of Illinois	Judge

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11AI.5914

Amount of Each Receipt this Period

160.00

DD and 6 Ck Dinners

SUBTOTAL of Receipts This Page (optional).....▶	1230.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. F. Michael Meersman
Full Name (Last, First, Middle Initial)

Mailing Address 3619 76th Street

City	State	Zip Code
Moline	IL	61265

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

Name of Employer	Occupation
State of Illinois	Judge

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2735.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	18	/	2012

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period

2500.00

2012 Campaign

B. Steven E Meersman
Full Name (Last, First, Middle Initial)

Mailing Address 4723 20th Ave

City	State	Zip Code
Moline	IL	61265

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

Name of Employer	Occupation
Rock Island County	County Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	03	/	2012

Transaction ID : SA11AI.5912

Amount of Each Receipt this Period

60.00

6 Ckn Fry Tickets

C. Steven E Meersman
Full Name (Last, First, Middle Initial)

Mailing Address 4723 20th Ave

City	State	Zip Code
Moline	IL	61265

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

Name of Employer	Occupation
Rock Island County	County Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	09	/	2012

Transaction ID : SA11AI.5979

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional).....	2910.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Kathleen E Mesich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 W 5th Street
 City Coal Valley State IL Zip Code 61240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brooks Law Firm Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 01 / 2012
Transaction ID : SA11AI.6566
 Amount of Each Receipt this Period 350.00
 Tap

B. Kathleen E Mesich
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 W 5th Street
 City Coal Valley State IL Zip Code 61240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brooks Law Firm Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 01 / 2012
Transaction ID : SA11AI.6570
 Amount of Each Receipt this Period 100.00

C. Tammy Muerhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 4115 18th Ave
 City Moline State IL Zip Code 61265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State of Illinois Occupation Retional Superintendent of Schools
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 19 / 2012
Transaction ID : SA11AI.6064
 Amount of Each Receipt this Period 160.00
 DD 6 tickets

SUBTOTAL of Receipts This Page (optional)..... ▶ 610.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 101
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. David R Nauyalis
 Full Name (Last, First, Middle Initial)
 Mailing Address 334 33rd Ave
 City East Moline State IL Zip Code 61244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Island Arsenal Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : SA11AI.5946
 Amount of Each Receipt this Period
 220.00

B. April L Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6109 94tj Ave Ct W
 City Taylor Ridge State IL Zip Code 61284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rock Island County Occupation Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2012
Transaction ID : SA11AI.6015
 Amount of Each Receipt this Period
 200.00
 DD & Contribution

C. Kathy Parrish
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 781
 City Andalusia State IL Zip Code 61232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2012
Transaction ID : SA11AI.6135
 Amount of Each Receipt this Period
 100.00
 DD

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Kathy Parrish			Date of Receipt MM / DD / YYYY 08 / 29 / 2012 Transaction ID : SA11AI.6136
Mailing Address PO Box 781			Amount of Each Receipt this Period 60.00
City Andalusia	State IL	Zip Code 61232	6 tickets
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 320.00	
Name of Employer Retired	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kathy Parrish			Date of Receipt MM / DD / YYYY 09 / 01 / 2012 Transaction ID : SA11AI.6359
Mailing Address PO Box 781			Amount of Each Receipt this Period 100.00
City Andalusia	State IL	Zip Code 61232	Cash
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 420.00	
Name of Employer Retired	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kathy Parrish			Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : SA11AI.6286
Mailing Address PO Box 781			Amount of Each Receipt this Period 350.00
City Andalusia	State IL	Zip Code 61232	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 770.00	
Name of Employer Retired	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Diana L Robinson		Date of Receipt MM / DD / YYYY 08 / 17 / 2012
Mailing Address 8510 49th Street		Transaction ID : SA11AI.6037
City Coal Valley	State IL	Zip Code 61240
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired	DD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Thomas A Skorepa		Date of Receipt MM / DD / YYYY 09 / 01 / 2012
Mailing Address 15715 80th Ave W		Transaction ID : SA11AI.6358
City Taylor Ridge	State IL	Zip Code 61284
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Attorney	Cash
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. Thomas A Skorepa		Date of Receipt MM / DD / YYYY 09 / 05 / 2012
Mailing Address 15715 80th Ave W		Transaction ID : SA11AI.6317
City Taylor Ridge	State IL	Zip Code 61284
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Wanda M Sweat
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1044
1718 9th Ave Apt 43

City Moline State IL Zip Code 61265

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
08 / 03 / 2012
Transaction ID : SA11AI.5916

Amount of Each Receipt this Period
120.00

DD & 2 Tkts

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

Mailing Address 1317 14th 1/2 St

City Rock Island State IL Zip Code 61201

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

Name of Employer RI Co Consule of Additions Occupation Prog Coordinator/Prevention Ed Spec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 23 / 2012
Transaction ID : SA11AI.6288

Amount of Each Receipt this Period
175.00

Contrib/Tap

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

Mailing Address 660 18th Ave

City East Moline State IL Zip Code 61244

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

Name of Employer Toppert Jetting Service Occupation Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
08 / 31 / 2012
Transaction ID : SA11AI.6188

Amount of Each Receipt this Period
170.00

DD 7 tickets

SUBTOTAL of Receipts This Page (optional)..... ▶ 465.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Frank J Vala
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 N Mcarthur Blvd
 City Springfield State IL Zip Code 62702-2312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valco Awards & More, Inc. Occupation Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 12 / 2012**
Transaction ID : SA11AI.6300
 Amount of Each Receipt this Period **2000.00**

B. Mark Vande Wiele
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 15th Street
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State of Illinois Occupation Judge
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2650.00**

Date of Receipt **09 / 12 / 2012**
Transaction ID : SA11AI.6299
 Amount of Each Receipt this Period **2500.00**
 GOTV Fund

C. Scott Verschoore
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Lloyd St PO Box 247
 City Reynolds State IL Zip Code 61279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IBEW Local 45 Occupation Business Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : SA11AI.6182
 Amount of Each Receipt this Period **600.00**

SUBTOTAL of Receipts This Page (optional)..... **5100.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. J B Vroman		Date of Receipt MM / DD / YYYY 08 / 09 / 2012
Mailing Address 3001 2nd Street		Transaction ID : SA11AI.5976
City Moline	State IL	Zip Code 61265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Retired	Occupation Retired	Labor Day Picnic
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.76	

Full Name (Last, First, Middle Initial) B. Brian Vyncke		Date of Receipt MM / DD / YYYY 08 / 17 / 2012
Mailing Address 3422 76th St		Transaction ID : SA11AI.6013
City Moline	State IL	Zip Code 61265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer City of Moline	Occupation Fire Fighter	Tap
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Brian Vyncke		Date of Receipt MM / DD / YYYY 08 / 17 / 2012
Mailing Address 3422 76th St		Transaction ID : SA11AI.6018
City Moline	State IL	Zip Code 61265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer City of Moline	Occupation Fire Fighter	6 Tickets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional).....▶	470.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Steve P Wilkins
Full Name (Last, First, Middle Initial)

Mailing Address 205 E Park St

City Morrison State IL Zip Code 61270

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 08 / 07 / 2012
Transaction ID : SA11AI.5937

Amount of Each Receipt this Period 30.00

3 picnic tickets

B. Mark N Williams
Full Name (Last, First, Middle Initial)

Mailing Address 7125 148th Ave

City Orion State IL Zip Code 61273

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

Name of Employer IL Dept of Corrections Occupation Assistant Warden of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 25 / 2012
Transaction ID : SA11AI.6285

Amount of Each Receipt this Period 350.00

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

Mailing Address 2528 58th Ave W

City Milan State IL Zip Code 61264

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.57

Date of Receipt 08 / 24 / 2012
Transaction ID : SA11AI.6117

Amount of Each Receipt this Period 60.00

Labor Picnic

SUBTOTAL of Receipts This Page (optional)..... ▶ 440.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 101
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Don Wooten
Full Name (Last, First, Middle Initial)
Mailing Address 1034 23rd St
City Rock Island State IL Zip Code 61201
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 05 / 2012
Transaction ID : SA11AI.6318
Amount of Each Receipt this Period
250.00
Contribution

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	24165.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. DRIVE Committee		Date of Receipt
Mailing Address 25 Louisiana Ave NW		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20001-2198
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.6304
<input type="text" value="C"/> <input type="text" value="C00032979"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Veronda for Recorder Campaign		Date of Receipt
Mailing Address PO Box 4592		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rock Island	IL	61204-4592
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.5562
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="100.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Transaction ID : SA11C.5562
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value=""/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value=""/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="5100.00"/>

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

Form/Schedule: SA11C

Transaction ID : SA11C.5562

This contribution from Veronda for Recorder Campaign was deposited in Federal erroneously. The money is being returned to Veronda for Recorder Campaign in the 4th Qtr.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 36 OF 101
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)
A. Stern Beverage, Inc.

Mailing Address 961 Tech Drive
PO Box 828

City Milan State IL Zip Code 61264

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
604.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : SA15.6298

Amount of Each Receipt this Period
604.00

Refund Security Deposit

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	604.00
TOTAL This Period (last page this line number only).....▶	604.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Feuerbach Recordkeeping, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 18th Street, Ste 800
 City Rock Island State IL Zip Code 61201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 612.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2012
Transaction ID : SA17.6582
 Amount of Each Receipt this Period
 500.00
 In-kind - Accounting

B. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 3RD AVE ROOM 203
 PO BOX 3128
 City ROCK ISLAND State IL Zip Code 61204
 FEC ID number of contributing federal political committee. **C** C00500330
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA17.6585
 Amount of Each Receipt this Period
 500.00
 See Text Memo and Memo 99

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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17

Transaction ID : SA17.6585

Discrepancy in cash balance after exhaustive review. See Memo 99.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kim Adams

Mailing Address 137 W 9th Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2012

Transaction ID : SB21B.6499

Amount of Each Disbursement this Period

146.63

Full Name (Last, First, Middle Initial)

B. Kim Adams

Mailing Address 137 W 9th Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2012

Transaction ID : SB21B.6510

Amount of Each Disbursement this Period

102.00

Full Name (Last, First, Middle Initial)

C. Kim Adams

Mailing Address 137 W 9th Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : SB21B.6528

Amount of Each Disbursement this Period

246.50

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

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

495.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Kim Adams

Mailing Address 137 W 9th Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : SB21B.6548

Amount of Each Disbursement this Period

246.50

Full Name (Last, First, Middle Initial)

B. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : SB21B.6478

Amount of Each Disbursement this Period

166.50

Full Name (Last, First, Middle Initial)

C. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2012

Transaction ID : SB21B.6480

Amount of Each Disbursement this Period

92.50

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

505.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6482

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6484

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6490

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2012

Transaction ID : SB21B.6497

Amount of Each Disbursement this Period

101.75

Full Name (Last, First, Middle Initial)

B. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2012

Transaction ID : SB21B.6512

Amount of Each Disbursement this Period

148.00

Full Name (Last, First, Middle Initial)

C. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : SB21B.6530

Amount of Each Disbursement this Period

180.38

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

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

430.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Clerical and Computer Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : SB21B.6544

Amount of Each Disbursement this Period

180.38

Full Name (Last, First, Middle Initial)

B. Sue Adams

Mailing Address 405 E 12th Ave

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement
Reimbursement

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : SB21B.6550

Amount of Each Disbursement this Period

6.24

Full Name (Last, First, Middle Initial)

C. Greg Aguilar

Mailing Address 1800 7th Street Unit #6B

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Diversity Consulting

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2012

Transaction ID : SB21B.6539

Amount of Each Disbursement this Period

4000.00

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

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

4186.62

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Terry Brooks

Mailing Address 1329 12th Street

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
Diversity Voter Outreach & Marketing

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6541

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Feuerbach Recordkeeping, Inc.

Mailing Address 329 18th Street, Ste 800

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
In-kind - Accounting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6583

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. J.V. Consulting Services

Mailing Address 1329 7th Avenue

City State Zip Code
Moline IL 61265

Purpose of Disbursement
Robocall

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6554

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jackson Kahl Insurance

Mailing Address 3806 34th Street

City Moline State IL Zip Code 61265

Purpose of Disbursement
Dram Shop & Liability Insurance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6495

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jackson Kahl Insurance

Mailing Address 3806 34th Street

City Moline State IL Zip Code 61265

Purpose of Disbursement
Dram Shop and Liability Insurance

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6543

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Martini's On the Rock

Mailing Address 4619 34th Street

City Rock Island State IL Zip Code 61201

Purpose of Disbursement
Convention Party Food

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6552

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Quad City Federation of Labor AFL-CIO

Mailing Address 4600 46th Avenue

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
Quad City Federation Dinner Tickets

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6518

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. RK Dixon

Mailing Address 5700 Utica Ridge Rd

City State Zip Code
Davenport IA 52807

Purpose of Disbursement
Printer Lease Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6501

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Rock Island County Forest Preserve District

Mailing Address 1504 3rd Avenue

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
Rental Deposit

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6486

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. United State Postal Service

Mailing Address Station 401

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6488

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. United State Postal Service

Mailing Address Station 401

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
Mailing Raffle and Picnic Flyers for Salute to Labor

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6492

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. United State Postal Service

Mailing Address Station 401

City State Zip Code
Rock Island IL 61201

Purpose of Disbursement
Stamps

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6516

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Phil Banaszek

Mailing Address 3514 56th St Place

City Moline State IL Zip Code 61265

Purpose of Disbursement
Raffle Prize

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.6405

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Robert Brown

Mailing Address 3400 35th Street

City Rock Island State IL Zip Code 61201

Purpose of Disbursement
Raffle Prize

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.6414

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Billy Esp

Mailing Address 1328 113th Ave

City Milan State IL Zip Code 61264

Purpose of Disbursement
Raffle Prize

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.6416

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Paris G Fotos

Mailing Address 191 40th Ave

City East Moline State IL Zip Code 61244-3437

Purpose of Disbursement
Raffle Prize

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.6395**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Heat & Frost Insulators & Asbestods Workers Local 81

Mailing Address 5000 J St, S.W. Rm 201

City Cedar Rapids State IA Zip Code 52404

Purpose of Disbursement
Raffle Prize

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.6386**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Douglas Holmgren

Mailing Address 4149 28th Ave

City Moline State IL Zip Code 61265

Purpose of Disbursement
Raffle Prize

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB29.6387**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Denny & Mary Ellen Jacobs

Mailing Address 3511 8th St

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Raffle Prize

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SB29.6402

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lori R Lefstein

Mailing Address 3714 44th St

City Rock Island State IL Zip Code 61201-7121

Purpose of Disbursement
Raffle Prize

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SB29.6407

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Millwright Local Union 2158, PAC

Mailing Address 2707 62nd St Ct

City Bettendorf State IA Zip Code 52722-5599

Purpose of Disbursement
Raffle Prize

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2012

Transaction ID : SB29.6393

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. UAW Cap Council

Mailing Address 2118 7th Street

City East Moline State IL Zip Code 61244

Purpose of Disbursement
Raffle Prize

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	2

Transaction ID : SB29.6409

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Doug Weatherly

Mailing Address 16620 Highway 67

City Milan State IL Zip Code 61264

Purpose of Disbursement
Raffle Prize

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	2

Transaction ID : SB29.6411

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

500.00

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

10000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 OF 101
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Feuerbach Recordkeeping, Inc.	Nature of Debt (Purpose): Accounting
Mailing Address 329 18th Street, Ste 800	
City State Zip Code Rock Island IL 61201	

Outstanding Balance Beginning This Period 850.33	Transaction ID : SD10.4805	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 850.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Feuerbach Recordkeeping, Inc.	Nature of Debt (Purpose): Accounting
Mailing Address 329 18th Street, Ste 800	
City State Zip Code Rock Island IL 61201	

Outstanding Balance Beginning This Period -850.33	Transaction ID : SD10.5417	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period -850.33

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

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
 ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER Salute to Labor (09/03/2012) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported Transaction ID : H2.6576	FEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">28.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">72.00</div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> %

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE	MM / DD / YYYY 09 / 06 / 2012	15403.93

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	0.00
Transaction ID : H3.6950	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) Salute to Labor (09/03/2012)	15403.93
Transaction ID : H3.6950.0	
b)	
c) Total Amount Transferred For Direct Fundraising	15403.93
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	
b)	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	15403.93
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred).....	15403.93

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

Form/Schedule: H3

Transaction ID : H3.6950

This amount was for non-federal share of fundraising expenses and was not a general election activity. This amended report moves this entry from Schedule H-5 to Schedule H-3 where it should have been reported.

Form/Schedule:

Transaction ID:

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.6457
A1 Rental
Mailing Address 5320 Avenue of the Cities
City Moline State IL Zip Code 61265
Purpose of Disbursement: Equipment Rental
Activity or Event Identifier: Salute to Labor(09/03/2012)
Allocated Activity or Event: Fundraising
FEDERAL SHARE 431.52 NONFEDERAL SHARE 1109.63 TOTAL AMOUNT 1541.15

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.6455
AD Huesing Corp
Mailing Address PO Box 6880
City Rock Island State IL Zip Code 61204-6880
Purpose of Disbursement: Pop and drinks
Activity or Event Identifier: Salute to Labor(09/03/2012)
Allocated Activity or Event: Fundraising
FEDERAL SHARE 246.85 NONFEDERAL SHARE 634.75 TOTAL AMOUNT 881.60

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.6444
Mike Fisher
Mailing Address 1005 1st Ave
City Silvis State IL Zip Code 61282
Purpose of Disbursement: Sound System Rental
Activity or Event Identifier: Salute to Labor(09/03/2012)
Allocated Activity or Event: Fundraising
FEDERAL SHARE 35.00 NONFEDERAL SHARE 90.00 TOTAL AMOUNT 125.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 713.37, 1834.38, 2547.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: (empty), (empty), (empty)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Form A: Stern Beverage, Inc. Transaction ID: H4.6447. Allocated Activity or Event: Fundraising. Date: 09/03/2012. Total Amount: 1248.00.

Form B: Bos Electronics Transaction ID: H4.6442. Allocated Activity or Event: Fundraising. Date: 09/06/2012. Total Amount: 140.00.

Form C: Bridges Catering Transaction ID: H4.6440. Allocated Activity or Event: Fundraising. Date: 09/06/2012. Total Amount: 17458.60.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 5277.05, 13569.55, 18846.60.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty].

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.6555 B&B Drain Tech		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 630 W 2nd Ave		Allocated Activity or Event Year-To-Date 21544.35	
City Milan State IL Zip Code 61264	003 Category/ Type	Date 09 / 10 / 2012	
Purpose of Disbursement: Portable Toilets Activity or Event Identifier: Salute to Labor(09/03/2012)			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
150.00		0.00	150.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.6557 Forest Preserve District		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1504 3rd Ave		Allocated Activity or Event Year-To-Date 21644.35	
City Rock Island State IL Zip Code 61201	003 Category/ Type	Date 09 / 10 / 2012	
Purpose of Disbursement: Ice Activity or Event Identifier: Salute to Labor(09/03/2012)			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
100.00		0.00	100.00

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City State Zip Code	Category/ Type	Date	
Purpose of Disbursement: Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.00		0.00		250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
6240.42	15403.93	21644.35

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 07 / 02 / 2012	TOTAL AMOUNT TRANSFERRED 688.83
--------------------------------	-----------------------------------------------------	------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.5712	
		VOTER REGISTRATION	
i) Voter Registration	Total Amount Transferred for Voter Registration.....	0.00	
		VOTER ID	
ii) Voter ID	Total Amount Transferred for Voter ID	0.00	
		GOTV	
iii) GOTV	Total Amount Transferred for GOTV	0.00	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity	688.83	

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 07 / 02 / 2012	TOTAL AMOUNT TRANSFERRED 836.85
--------------------------------	-----------------------------------------------------	------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.5713	
		VOTER REGISTRATION	
i) Voter Registration	Total Amount Transferred for Voter Registration.....	0.00	
		VOTER ID	
ii) Voter ID	Total Amount Transferred for Voter ID	0.00	
		GOTV	
iii) GOTV	Total Amount Transferred for GOTV	0.00	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity	836.85	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 07 / 02 / 2012	TOTAL AMOUNT TRANSFERRED 1583.46
--------------------------------	-----------------------------------------------------	-------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.5714
i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION 0.00	
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID 0.00	
iii) GOTV Total Amount Transferred for GOTV	GOTV 0.00	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY 1583.46	

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 07 / 29 / 2012	TOTAL AMOUNT TRANSFERRED 604.50
--------------------------------	-----------------------------------------------------	------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.5716
i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION 0.00	
ii) Voter ID Total Amount Transferred for Voter ID	VOTER ID 0.00	
iii) GOTV Total Amount Transferred for GOTV	GOTV 0.00	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY 604.50	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	0.00
TOTAL This Period (Voter ID)	0.00
TOTAL This Period (GOTV).....	0.00
TOTAL This Period (Generic Campaign Activity).....	604.50
TOTAL This Period (Total Amount of Transfers Received).....	604.50

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 07 / 30 / 2012	TOTAL AMOUNT TRANSFERRED 1260.27
--------------------------------	-----------------------------------------------------	-------------------------------------

BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.6202	
		VOTER REGISTRATION	
i) Voter Registration	Total Amount Transferred for Voter Registration.....	0.00	
		VOTER ID	
ii) Voter ID	Total Amount Transferred for Voter ID	0.00	
		GOTV	
iii) GOTV	Total Amount Transferred for GOTV	0.00	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity	1260.27	

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 08 / 09 / 2012	TOTAL AMOUNT TRANSFERRED 946.80
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BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.6203	
		VOTER REGISTRATION	
i) Voter Registration	Total Amount Transferred for Voter Registration.....	0.00	
		VOTER ID	
ii) Voter ID	Total Amount Transferred for Voter ID	0.00	
		GOTV	
iii) GOTV	Total Amount Transferred for GOTV	0.00	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity	946.80	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 08 / 22 / 2012	TOTAL AMOUNT TRANSFERRED 1246.71
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BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.6204	
		VOTER REGISTRATION	
i) Voter Registration	Total Amount Transferred for Voter Registration.....	0.00	
		VOTER ID	
ii) Voter ID	Total Amount Transferred for Voter ID	0.00	
		GOTV	
iii) GOTV	Total Amount Transferred for GOTV	0.00	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity	1246.71	

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 08 / 25 / 2012	TOTAL AMOUNT TRANSFERRED 5400.00
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BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.6205	
		VOTER REGISTRATION	
i) Voter Registration	Total Amount Transferred for Voter Registration.....	0.00	
		VOTER ID	
ii) Voter ID	Total Amount Transferred for Voter ID	0.00	
		GOTV	
iii) GOTV	Total Amount Transferred for GOTV	0.00	
		GENERIC CAMPAIGN ACTIVITY	
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity	5400.00	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID)	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

NAME OF ACCOUNT Levin Funds	DATE OF RECEIPT MM / DD / YYYY 09 / 30 / 2012	TOTAL AMOUNT TRANSFERRED 1786.84
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BREAKDOWN OF THIS TRANSFER		Transaction ID : H5.6467
i) Voter Registration		
Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION	0.00
ii) Voter ID		
Total Amount Transferred for Voter ID	VOTER ID	0.00
iii) GOTV		
Total Amount Transferred for GOTV	GOTV	0.00
iv) Generic Campaign Activity		
Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	1786.84

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER	
i) Voter Registration	
Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION
ii) Voter ID	
Total Amount Transferred for Voter ID	VOTER ID
iii) GOTV	
Total Amount Transferred for GOTV	GOTV
iv) Generic Campaign Activity	
Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)	
TOTAL This Period (Voter Registration).....	0.00
TOTAL This Period (Voter ID)	0.00
TOTAL This Period (GOTV).....	0.00
TOTAL This Period (Generic Campaign Activity).....	14354.26
TOTAL This Period (Total Amount of Transfers Received).....	14354.26

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Sue Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5521			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">12223.65</div>	
Mailing Address 405 E 12th Ave			Date 07 / 02 / 2012	
City	State	Zip Code		
Coal Valley	IL	61240	001	
Purpose of Disbursement Clerical and Computer Services				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">23.98</div>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">46.50</div>	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">70.48</div>				

B. Full Name (Last, First, Middle Initial) / Full Organization Name 17th Distr State Central Committee, Don E Johnston, Chairman			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5858			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">12373.65</div>	
Mailing Address PO Box 3164			Date 07 / 30 / 2012	
City	State	Zip Code		
Rock Island	IL	61204-3164	004	
Purpose of Disbursement Booklet Ad				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">42.00</div>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">108.00</div>	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">150.00</div>				

C. Full Name (Last, First, Middle Initial) / Full Organization Name AT&T			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5859			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">12750.75</div>	
Mailing Address PO Box 8100			Date 07 / 30 / 2012	
City	State	Zip Code		
Aurora	IL	60507-8100	001	
Purpose of Disbursement Phone				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">105.59</div>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">271.51</div>	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">377.10</div>				

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">171.57</div>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">426.01</div>	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">597.58</div>				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE			TOTAL AMOUNT	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>	
LEVIN SHARE				
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>				
TOTAL This Period for the Levin Share				

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name MidAmerican Energy Company			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5860			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="12788.53"/>	
Mailing Address PO Box 8020				
City Davenport	State IA	Zip Code 52808-8020	<input style="width:40px;" type="text" value="001"/>	Date <input style="width:40px;" type="text" value="07"/> / <input style="width:40px;" type="text" value="30"/> / <input style="width:60px;" type="text" value="2012"/>
Purpose of Disbursement Utilities		Category/ Type		
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="10.58"/>			<input style="width:100%;" type="text" value="27.20"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="37.78"/>	

B. Full Name (Last, First, Middle Initial) / Full Organization Name OBAMA FOR AMERICA			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5861			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="13413.53"/>	
Mailing Address PO BOX 8102				
City CHICAGO	State IL	Zip Code 60680	<input style="width:40px;" type="text" value="004"/>	Date <input style="width:40px;" type="text" value="07"/> / <input style="width:40px;" type="text" value="30"/> / <input style="width:60px;" type="text" value="2012"/>
Purpose of Disbursement Obama Signs		Category/ Type		
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="175.00"/>			<input style="width:100%;" type="text" value="450.00"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="625.00"/>	

C. Full Name (Last, First, Middle Initial) / Full Organization Name Feuerbach Recordkeeping, Inc.			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5863			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="14366.03"/>	
Mailing Address 329 18th Street, Ste 800				
City Rock Island	State IL	Zip Code 61201	<input style="width:40px;" type="text" value="001"/>	Date <input style="width:40px;" type="text" value="07"/> / <input style="width:40px;" type="text" value="30"/> / <input style="width:60px;" type="text" value="2012"/>
Purpose of Disbursement Accounting		Category/ Type		
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="269.50"/>			<input style="width:100%;" type="text" value="683.00"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="952.50"/>	

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="455.08"/>			<input style="width:100%;" type="text" value="1160.20"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="1615.28"/>	
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>
TOTAL This Period for the Levin Share				
<input style="width:100%;" type="text"/>				

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Safety Building			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5864			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="14739.03"/>	
Mailing Address 1800 3rd Ave			Date <input style="width:15%; text-align:center" type="text" value="07"/> / <input style="width:15%; text-align:center" type="text" value="30"/> / <input style="width:20%; text-align:center" type="text" value="2012"/>	
City	State	Zip Code	<input style="width:30px" type="text" value="001"/> Category/ Type	
Rock Island	IL	61201		
Purpose of Disbursement Rent				
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="104.44"/>			<input style="width:100%;" type="text" value="268.56"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="373.00"/>	

B. Full Name (Last, First, Middle Initial) / Full Organization Name J.V. Consulting Services			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5879			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="16054.03"/>	
Mailing Address 1329 7th Avenue			Date <input style="width:15%; text-align:center" type="text" value="08"/> / <input style="width:15%; text-align:center" type="text" value="09"/> / <input style="width:20%; text-align:center" type="text" value="2012"/>	
City	State	Zip Code	<input style="width:30px" type="text" value="003"/> Category/ Type	
Moline	IL	61265		
Purpose of Disbursement July Mailings - Raffle and Picnic Flyers for Salute to Labor Picnic				
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="368.20"/>			<input style="width:100%;" type="text" value="946.80"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="1315.00"/>	

C. Full Name (Last, First, Middle Initial) / Full Organization Name MidAmerican Energy Company			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5888			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="16106.80"/>	
Mailing Address PO Box 8020			Date <input style="width:15%; text-align:center" type="text" value="08"/> / <input style="width:15%; text-align:center" type="text" value="19"/> / <input style="width:20%; text-align:center" type="text" value="2012"/>	
City	State	Zip Code	<input style="width:30px" type="text" value="001"/> Category/ Type	
Davenport	IA	52808-8020		
Purpose of Disbursement Utilities				
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="14.78"/>			<input style="width:100%;" type="text" value="37.99"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="52.77"/>	

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE		+	LEVIN SHARE	
<input style="width:100%;" type="text" value="487.42"/>			<input style="width:100%;" type="text" value="1253.35"/>	
		=	TOTAL AMOUNT	
			<input style="width:100%;" type="text" value="1740.77"/>	
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE				
<input style="width:100%;" type="text"/>				
		LEVIN SHARE		
		<input style="width:100%;" type="text"/>		
TOTAL This Period for the Levin Share				
		<input style="width:100%;" type="text"/>		

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name AT&T			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5889			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="16221.69"/>	
Mailing Address PO Box 8100			Date <input style="width:100%;" type="text" value="08 / 19 / 2012"/>	
City	State	Zip Code		
Aurora	IL	60507-8100		
Purpose of Disbursement Phones				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<input style="width:100%;" type="text" value="32.17"/>			<input style="width:100%;" type="text" value="82.72"/>	
<input style="width:100%;" type="text" value="114.89"/>				

B. Full Name (Last, First, Middle Initial) / Full Organization Name RK Dixon			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5890			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="16484.19"/>	
Mailing Address 5700 Utica Ridge Rd			Date <input style="width:100%;" type="text" value="08 / 19 / 2012"/>	
City	State	Zip Code		
Davenport	IA	52807		
Purpose of Disbursement Printer Lease Payment				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<input style="width:100%;" type="text" value="73.50"/>			<input style="width:100%;" type="text" value="189.00"/>	
<input style="width:100%;" type="text" value="262.50"/>				

C. Full Name (Last, First, Middle Initial) / Full Organization Name Feuerbach Recordkeeping, Inc.			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Transaction ID : H6.5891			Allocated Activity or Event Year-To-Date <input style="width:100%;" type="text" value="16988.19"/>	
Mailing Address 329 18th Street, Ste 800			Date <input style="width:100%;" type="text" value="08 / 19 / 2012"/>	
City	State	Zip Code		
Rock Island	IL	61201		
Purpose of Disbursement Accounting				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<input style="width:100%;" type="text" value="141.12"/>			<input style="width:100%;" type="text" value="362.88"/>	
<input style="width:100%;" type="text" value="504.00"/>				

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT				
<input style="width:100%;" type="text" value="246.79"/>			<input style="width:100%;" type="text" value="881.39"/>	
<input style="width:100%;" type="text" value="634.60"/>				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE			TOTAL AMOUNT	
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	
LEVIN SHARE				
<input style="width:100%;" type="text"/>				
TOTAL This Period for the Levin Share				
<input style="width:100%;" type="text"/>				

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Safety Building			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.5892			Allocated Activity or Event Year-To-Date 17361.19		
Mailing Address 1800 3rd Ave	State IL		Zip Code 61201	Category/Type 001	Date 08 / 19 / 2012
Purpose of Disbursement Rent	FEDERAL SHARE 104.44		+	LEVIN SHARE 268.56	= TOTAL AMOUNT 373.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name Kim Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.5893			Allocated Activity or Event Year-To-Date 17688.44		
Mailing Address 137 W 9th Street	State IL		Zip Code 61240	Category/Type 001	Date 08 / 19 / 2012
Purpose of Disbursement Clerical and Computer Services	FEDERAL SHARE 91.63		+	LEVIN SHARE 235.62	= TOTAL AMOUNT 327.25

C. Full Name (Last, First, Middle Initial) / Full Organization Name Sue Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.5894			Allocated Activity or Event Year-To-Date 17785.57		
Mailing Address 405 E 12th Ave	State IL		Zip Code 61240	Category/Type 001	Date 08 / 19 / 2012
Purpose of Disbursement Clerical and Computer Services	FEDERAL SHARE 27.20		+	LEVIN SHARE 69.93	= TOTAL AMOUNT 97.13

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE 223.27		+	LEVIN SHARE 574.11		= TOTAL AMOUNT 797.38
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT	
TOTAL This Period for the Levin Share					

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Global Strategy Group			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.5901			Allocated Activity or Event Year-To-Date 25285.57		
Mailing Address 895 Broadway 5th Floor			Date MM / DD / YYYY 08 / 25 / 2012		
City	State	Zip Code	Category/ Type 005		
New York	NY	10003			
Purpose of Disbursement Polling					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
2100.00			5400.00		7500.00

B. Full Name (Last, First, Middle Initial) / Full Organization Name RK Dixon			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6421			Allocated Activity or Event Year-To-Date 25305.48		
Mailing Address 5700 Utica Ridge Rd			Date MM / DD / YYYY 09 / 10 / 2012		
City	State	Zip Code	Category/ Type 001		
Davenport	IA	52807			
Purpose of Disbursement Printer Lease Payment					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
5.57			14.34		19.91

C. Full Name (Last, First, Middle Initial) / Full Organization Name AT&T			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6423			Allocated Activity or Event Year-To-Date 25522.20		
Mailing Address PO Box 8100			Date MM / DD / YYYY 09 / 10 / 2012		
City	State	Zip Code	Category/ Type 001		
Aurora	IL	60507-8100			
Purpose of Disbursement Phones					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
60.68			156.04		216.72

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
2166.25			5570.38		7736.63
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share					

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kim Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6432			Allocated Activity or Event Year-To-Date 25849.45		
Mailing Address 137 W 9th Street					
City	State	Zip Code	Category/Type		
Coal Valley	IL	61240	001		
Purpose of Disbursement Clerical and Computer Services		Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>			
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
91.63			235.62		327.25

B. Full Name (Last, First, Middle Initial) / Full Organization Name Sue Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6435			Allocated Activity or Event Year-To-Date 25946.58		
Mailing Address 405 E 12th Ave					
City	State	Zip Code	Category/Type		
Coal Valley	IL	61240	001		
Purpose of Disbursement Clerical and Computer Services		Date <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>			
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
27.20			69.93		97.13

C. Full Name (Last, First, Middle Initial) / Full Organization Name Staples			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6384			Allocated Activity or Event Year-To-Date 26149.13		
Mailing Address 3900 44th Avenue					
City	State	Zip Code	Category/Type		
Moline	IL	61265	001		
Purpose of Disbursement Office supplies		Date <input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>			
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
56.71			145.84		202.55

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
175.54			451.39		626.93
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT	
TOTAL This Period for the Levin Share					

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kim Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6381			Allocated Activity or Event Year-To-Date <input type="text" value="26395.63"/>		
Mailing Address 137 W 9th Street			Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>		
City	State	Zip Code	<input type="text" value="001"/> Category/ Type		
Coal Valley	IL	61240			
Purpose of Disbursement Clerical and Computer Services					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="text" value="69.02"/>			<input type="text" value="177.48"/>		<input type="text" value="246.50"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name Sue Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6383			Allocated Activity or Event Year-To-Date <input type="text" value="26576.01"/>		
Mailing Address 405 E 12th Ave			Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>		
City	State	Zip Code	<input type="text" value="001"/> Category/ Type		
Coal Valley	IL	61240			
Purpose of Disbursement Clerical and Computer Services					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="text" value="50.51"/>			<input type="text" value="129.87"/>		<input type="text" value="180.38"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name United State Postal Service			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6378			Allocated Activity or Event Year-To-Date <input type="text" value="26756.01"/>		
Mailing Address Station 401			Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>		
City	State	Zip Code	<input type="text" value="001"/> Category/ Type		
Rock Island	IL	61201			
Purpose of Disbursement Postage Stamps					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="text" value="50.40"/>			<input type="text" value="129.60"/>		<input type="text" value="180.00"/>

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
<input type="text" value="169.93"/>			<input type="text" value="436.95"/>		<input type="text" value="606.88"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input type="text"/>
TOTAL This Period for the Levin Share					
			<input type="text"/>		

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kim Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : H6.6376			Allocated Activity or Event Year-To-Date 27083.26			
Mailing Address	137 W 9th Street		Date			
City	State	Zip Code	M M / D D / Y Y Y Y Y Y			
Coal Valley	IL	61240	09	21	2012	
Purpose of Disbursement Clerical and Computer Services			Category/ Type 001			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
91.63			235.62			327.25

B. Full Name (Last, First, Middle Initial) / Full Organization Name Sue Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : H6.6377			Allocated Activity or Event Year-To-Date 27180.39			
Mailing Address	405 E 12th Ave		Date			
City	State	Zip Code	M M / D D / Y Y Y Y Y Y			
Coal Valley	IL	61240	09	21	2012	
Purpose of Disbursement Clerical and Computer Services			Category/ Type 001			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
27.20			69.93			97.13

C. Full Name (Last, First, Middle Initial) / Full Organization Name De Lage Landen			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign			
Transaction ID : H6.6373			Allocated Activity or Event Year-To-Date 27295.39			
Mailing Address	PO Box 41602		Date			
City	State	Zip Code	M M / D D / Y Y Y Y Y Y			
Philladelphia	PA	19011-1602	09	22	2012	
Purpose of Disbursement One Time Printer Lease payment			Category/ Type 001			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
32.20			82.80			115.00

SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
151.03			388.35			539.38
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE			TOTAL AMOUNT
TOTAL This Period for the Levin Share						

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name Sue Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6371			Allocated Activity or Event Year-To-Date 27475.77		
Mailing Address 405 E 12th Ave			Date 09 / 28 / 2012		
City	State	Zip Code	Category/ Type 001		
Coal Valley	IL	61240			
Purpose of Disbursement Clerical and Computer Services					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
50.51			129.87		180.38

B. Full Name (Last, First, Middle Initial) / Full Organization Name Kim Adams			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6372			Allocated Activity or Event Year-To-Date 27722.27		
Mailing Address 137 W 9th Street			Date 09 / 28 / 2012		
City	State	Zip Code	Category/ Type 001		
Coal Valley	IL	61240			
Purpose of Disbursement Clerical and Computer Services					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
69.02			177.48		246.50

C. Full Name (Last, First, Middle Initial) / Full Organization Name MidAmerican Energy Company			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Generic Campaign		
Transaction ID : H6.6375			Allocated Activity or Event Year-To-Date 27767.29		
Mailing Address PO Box 8020			Date 09 / 28 / 2012		
City	State	Zip Code	Category/ Type 001		
Davenport	IA	52808-8020			
Purpose of Disbursement Utilities					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
12.61			32.41		45.02

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
132.14			339.76		471.90
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
4379.02			11235.10		15614.12
TOTAL This Period for the Levin Share					

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID : SL.5493

NAME OF COMMITTEE (In Full)		NAME OF ACCOUNT	
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE		Levin Funds	
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE	
1. RECEIPTS FROM PERSONS			
(a) Itemized (Use Schedule L-A)	1450.00	1450.00	
(b) Unitemized	260.00	260.00	
(c) Total	1710.00	1710.00	
2. OTHER RECEIPTS	58907.05	76960.05	
3. TOTAL RECEIPTS	60617.05	78670.05	
(Add Lines 1c and 2)			
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT			
(Use Schedule L-B)			
(a) Voter Registration	0.00	0.00	
(b) Voter ID	0.00	0.00	
(c) GOTV	0.00	0.00	
(d) Generic Campaign	29758.19	29758.19	
(e) Total	29758.19	37285.15	
5. OTHER DISBURSEMENTS	825.00	1310.00	
6. TOTAL DISBURSEMENTS	30583.19	38595.15	
(Add Lines 4e and 5)			
7. BEGINNING CASH ON HAND	12734.00	2692.96	
(for Column B, use cash as of January 1st)			
8. RECEIPTS	60617.05	78670.05	
(from Line 3)			
9. SUBTOTAL	73351.05	81363.01	
(Add Lines 7 and 8)			
10. DISBURSEMENTS	30583.19	38595.15	
(From Line 6)			
11. ENDING CASH ON HAND	42767.86	42767.86	
(Subtract Line 10 From Line 9)			

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Phil Banaszek

Account : 4426

Mailing Address 3514 56th St Place

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

Rock Island County

Occupation County Board

Date of Receipt

08 / 31 / 2012

Transaction ID : SASL1A.5848

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Robert Brown

Account : 4426

Mailing Address 3400 35th Street

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

State of Illinois

Occupation Manager

Date of Receipt

09 / 01 / 2012

Transaction ID : SASL1A.6273

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. CHERI BUSTOS

Account : 4426

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Name of Employer or Principal Place of Business

Unemployed

Occupation Unemployed

Date of Receipt

09 / 01 / 2012

Transaction ID : SASL1A.6276

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Marshall E Douglas

Account : 4426

Mailing Address 2108 13th St

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

IUOE Local #150

Occupation Treasurer

Date of Receipt

08 / 23 / 2012

Transaction ID : SASL1A.5808

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

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

1450.00

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

1450.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. 17th Distr State Central Committee, Don E Johnston, Chairman
 Account : 4426

Mailing Address PO Box 3164

City State Zip Code
 Rock Island IL 61204-3164

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 17 2012

Transaction ID : SASL2.5785

Amount of Each Receipt this Period
 250.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. Blackhawk Township Democrats
 Account : 4426

Mailing Address 315 4th St W

City State Zip Code
 Milan IL 61264

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 30 2012

Transaction ID : SASL2.5839

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. Boilermakers Local 60 PAC
 Account : 4426

Mailing Address 425 W Edgewood Court

City State Zip Code
 Morton IL 61550

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 14 2012

Transaction ID : SASL2.5775

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. Bricklayers and Allied Craftworkers Local Union No 6 IL PAC Fund
 Account : 4426

Mailing Address 661 Southrock Drive

City State Zip Code
 Rockford IL 61102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 14 2012

Transaction ID : SASL2.5777

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

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

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

550.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. Bricklayers and Allied Craftworkers Local Union No 6 IL PAC Fund
 Account : 4426

Mailing Address 661 Southrock Drive

City Rockford State IL Zip Code 61102

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2012

Transaction ID : SASL2.5779

Amount of Each Receipt this Period
 200.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. Bridge Structural & Ornamental Iron Workers Local 111 PAC
 Account : 4426

Mailing Address 8000 29th Street West

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 19 / 2012

Transaction ID : SASL2.5793

Amount of Each Receipt this Period
 500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. Carroll County Democrats
 Account : 4426

Mailing Address 1 Mill Drive

City Mount Carroll State IL Zip Code 61053-1240

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SASL2.5813

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. Citizens for Jeff Jacobs
 Account : 4426

Mailing Address 1560 7th Ave Apt 2W

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 03 / 2012

Transaction ID : SASL2.6265

Amount of Each Receipt this Period
 20.00

Aggregate Year-to-Date

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

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

820.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. Citizens for Richard H Brunk
 Account : 4426

Mailing Address 1527 11th Ave

City State Zip Code
 Moline IL 61265

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 17 2012

Transaction ID : SASL2.6255

Amount of Each Receipt this Period
 350.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. Committee to Elect Kelly Fisher
 Account : 4426

Mailing Address 4435 Parkview Ct

City State Zip Code
 Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 09 2012

Transaction ID : SASL2.5772

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. Committee to Elect Kelly Fisher
 Account : 4426

Mailing Address 4435 Parkview Ct

City State Zip Code
 Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 27 2012

Transaction ID : SASL2.5764

Amount of Each Receipt this Period
 1800.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. Committee to Elect Langdon
 Account : 4426

Mailing Address 1433 31st St

City State Zip Code
 Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 05 2012

Transaction ID : SASL2.5508

Amount of Each Receipt this Period
 50.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Committee to Elect Langdon

Account : 4426

Mailing Address 1433 31st St

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 27 2012

Transaction ID : SASL2.5825

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Committee to Elect Mia Mayberry

Account : 4426

Mailing Address 559 22nd Ave

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 30 2012

Transaction ID : SASL2.5833

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Douglas County Democratic Central Committee

Account : 4426

Mailing Address 201 Douglas Drive

City State Zip Code
Tuscola IL 61953

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 19 2012

Transaction ID : SASL2.5795

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Electrical Workers Local Union 145 PAC

Account : 4426

Mailing Address 1700 52nd Ave Ste A

City State Zip Code
Moline IL 61265-6378

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 30 2012

Transaction ID : SASL2.5838

Amount of Each Receipt this Period

200.00

Aggregate Year-to-Date

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

1000.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: 1a 2
 (check only one)

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

<p>Full Name (Last, First, Middle Initial) / Full Organization Name A. Friends for Verschoore State Representative District 72 Account : 4426</p> <p>Mailing Address 4600 46th Ave</p> <p>City State Zip Code Rock Island IL 61201</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 07 02 2012</p> <p>Transaction ID : SASL2.5509</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name B. Friends for Verschoore State Representative District 72 Account : 4426</p> <p>Mailing Address 4600 46th Ave</p> <p>City State Zip Code Rock Island IL 61201</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 07 25 2012</p> <p>Transaction ID : SASL2.5495</p> <p>Amount of Each Receipt this Period 3356.00</p> <p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name C. Friends for Verschoore State Representative District 72 Account : 4426</p> <p>Mailing Address 4600 46th Ave</p> <p>City State Zip Code Rock Island IL 61201</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 07 25 2012</p> <p>Transaction ID : SASL2.5496</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name D. Friends of April L. Palmer - Auditor Account : 4426</p> <p>Mailing Address 6109 94th Ave Court West</p> <p>City State Zip Code Taylor Ridge IL 61284</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 08 17 2012</p> <p>Transaction ID : SASL2.5788</p> <p>Amount of Each Receipt this Period 3700.00</p> <p>Aggregate Year-to-Date</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>	<p>7306.00</p>

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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Aggregation Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends of Bill Gluba for Mayor

Account : 4426

Mailing Address 4552 Main Street

City Davenport State IA Zip Code 52806

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 03 / 2012

Transaction ID : SASL2.6263

Amount of Each Receipt this Period

20.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Ginny Shelton

Account : 4426

Mailing Address 8512 Ridgewood Rd

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 07 / 2012

Transaction ID : SASL2.5769

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Friends of Ginny Shelton

Account : 4426

Mailing Address 8512 Ridgewood Rd

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 07 / 2012

Transaction ID : SASL2.5771

Amount of Each Receipt this Period

20.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Friends of Ginny Shelton

Account : 4426

Mailing Address 8512 Ridgewood Rd

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 17 / 2012

Transaction ID : SASL2.5791

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

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

490.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends of Jeff Boyd for Sheriff

Account : 4426

Mailing Address PO Box 6128

City State Zip Code
Rock Island IL 61204-6128

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2012

Transaction ID : SASL2.6248

Amount of Each Receipt this Period

1850.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Jim Bohnsack

Account : 4426

Mailing Address 8429 88th St W

City State Zip Code
Taylor Ridge IL 61284

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SASL2.5786

Amount of Each Receipt this Period

60.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Friends of Jim Bohnsack

Account : 4426

Mailing Address 8429 88th St W

City State Zip Code
Taylor Ridge IL 61284

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : SASL2.5787

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Friends of Kim Callaway-Thompson

Account : 4426

Mailing Address PO Box 6667

City State Zip Code
Rock Island IL 61201-6667

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 03 / 2012

Transaction ID : SASL2.6268

Amount of Each Receipt this Period

175.00

Aggregate Year-to-Date

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

2185.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. Friends of Kim Callaway-Thompson
 Account : 4426

Mailing Address PO Box 6667

City State Zip Code
 Rock Island IL 61201-6667

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 03 / 2012

Transaction ID : SASL2.6270

Amount of Each Receipt this Period
 45.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. Friends of Lisa Bierman
 Account : 4426

Mailing Address PO Box 5230

City State Zip Code
 Rock Island IL 61204-5230

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : SASL2.6247

Amount of Each Receipt this Period
 500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. Friends of Mike Jacobs
 Account : 4426

Mailing Address 409 25th Ave Ct

City State Zip Code
 East Moline IL 61244

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : SASL2.5773

Amount of Each Receipt this Period
 2983.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. Friends of Mike Jacobs
 Account : 4426

Mailing Address 409 25th Ave Ct

City State Zip Code
 East Moline IL 61244

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : SASL2.5817

Amount of Each Receipt this Period
 120.00

Aggregate Year-to-Date

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

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

3648.00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends of Mike Jacobs

Account : 4426

Mailing Address 409 25th Ave Ct

City East Moline State IL Zip Code 61244

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 24 / 2012

Transaction ID : SASL2.5818

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Scott Terry

Account : 4426

Mailing Address 812 E 2nd Ave

City Milan State IL Zip Code 61264

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 31 / 2012

Transaction ID : SASL2.5841

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Friends of Scott Terry

Account : 4426

Mailing Address 812 E 2nd Ave

City Milan State IL Zip Code 61264

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 17 / 2012

Transaction ID : SASL2.6254

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Friends of Steve Ballard

Account : 4426

Mailing Address 4515 11th Ave A

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2012

Transaction ID : SASL2.6253

Amount of Each Receipt this Period

350.00

Aggregate Year-to-Date

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

900.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Friends of Tammy Muerhoff

Account : 4426

Mailing Address 4115 18th Ave

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

09 / 20 / 2012

Transaction ID : SASL2.6252

Amount of Each Receipt this Period

1200.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Friends of Terry Link Campaign Account

Account : 4426

Mailing Address 811 Sheridan Rd

City Waukegan State IL Zip Code 60085-2031

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 24 / 2012

Transaction ID : SASL2.5819

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Heat & Frost Insulators & Asbestods Workers Local 81

Account : 4426

Mailing Address 5000 J St, S.W. Rm 201

City Cedar Rapids State IA Zip Code 52404

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 24 / 2012

Transaction ID : SASL2.5766

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Heat & Frost Insulators & Asbestods Workers Local 81

Account : 4426

Mailing Address 5000 J St, S.W. Rm 201

City Cedar Rapids State IA Zip Code 52404

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 24 / 2012

Transaction ID : SASL2.5767

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

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

2600.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER: 1a 2
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

<p>Full Name (Last, First, Middle Initial) / Full Organization Name A. I.B.E.W. Educational Committee</p> <p style="text-align: right;">Account : 4426</p> <p>Mailing Address 900 Seventh Street, N.W.</p> <p>City Washington State DC Zip Code 20001</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 03 / 2012</p> <p>Transaction ID : SASL2.5501</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name B. I.B.E.W. Local Union #145</p> <p style="text-align: right;">Account : 4426</p> <p>Mailing Address 1700 52nd Ave Suite A</p> <p>City Moline State IL Zip Code 61265</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2012</p> <p>Transaction ID : SASL2.5759</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name C. I.B.E.W. Local Union #145</p> <p style="text-align: right;">Account : 4426</p> <p>Mailing Address 1700 52nd Ave Suite A</p> <p>City Moline State IL Zip Code 61265</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2012</p> <p>Transaction ID : SASL2.6258</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Aggregate Year-to-Date</p>
<p>Full Name (Last, First, Middle Initial) / Full Organization Name D. Illinois Political Active Letter Carriers</p> <p style="text-align: right;">Account : 4426</p> <p>Mailing Address PO Box 561</p> <p>City Orland Park State IL Zip Code 60462</p> <p>Name of Employer or Principal Place of Business</p> <p>Occupation</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2012</p> <p>Transaction ID : SASL2.6261</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Aggregate Year-to-Date</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>	<p>6700.00</p>

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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Aggregation Page

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Int'l Assoc of Bridge, Structural, Ornamental & Reinforcing Iron Wkrs Local Union No 111

Account : 4426

Mailing Address 8000 29th St W

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2012

Transaction ID : SASL2.5846

Amount of Each Receipt this Period

790.00

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Laborers' Local Union 309, PAC

Account : 4426

Mailing Address 2835 7th Ave

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 17 2012

Transaction ID : SASL2.5494

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Laborers' Local Union 309, PAC

Account : 4426

Mailing Address 2835 7th Ave

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 21 2012

Transaction ID : SASL2.6251

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name
Local 581 Firefighters 02/87

Account : 4426

Mailing Address PO Box 1370

City State Zip Code
Moline IL 61265

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 03 2012

Transaction ID : SASL2.6266

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

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

6890.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Local No. 150 - I.U.O.E.

Account : 4426

Mailing Address Local Area PAC
6200 Joliet Rd

City State Zip Code
Countryside IL 60525

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 19 2012

Transaction ID : SASL2.5798

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Local No. 150 - I.U.O.E.

Account : 4426

Mailing Address Local Area PAC
6200 Joliet Rd

City State Zip Code
Countryside IL 60525

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 23 2012

Transaction ID : SASL2.5806

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Mike Smiddy for State Representative

Account : 4426

Mailing Address 27527 Rt 2 North

City State Zip Code
Hillsdale IL 61257

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2012

Transaction ID : SASL2.6271

Amount of Each Receipt this Period

2900.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Millwright Local Union 2158, PAC

Account : 4426

Mailing Address 2707 62nd St Ct

City State Zip Code
Bettendorf IA 52722-5599

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2012

Transaction ID : SASL2.5760

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

4900.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. Millwright Local Union 2158, PAC
 Account : 4426

Mailing Address 2707 62nd St Ct

City Bettendorf State IA Zip Code 52722-5599

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2012

Transaction ID : SASL2.5761

Amount of Each Receipt this Period
 650.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. Moline Municipal Credit Union
 Account : 4426

Mailing Address 1618 15th Street

City Moline State IL Zip Code 61265-3982

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2012

Transaction ID : SASL2.6256

Amount of Each Receipt this Period
 25.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. Mr. Ed's, Ltd.
 Account : 4426

Mailing Address 127 4th St W

City Milan State IL Zip Code 61264-2417

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2012

Transaction ID : SASL2.5782

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. Operative Plasterers' & Cement Masons Local #18 PAC Fund
 Account : 4426

Mailing Address 400 NE Jefferson, Ste 300

City Peoria State IL Zip Code 61603

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : SASL2.5774

Amount of Each Receipt this Period
 200.00

Aggregate Year-to-Date

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

975.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Painters Local Union 502

Account : 4426

Mailing Address 520 12th Street

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 29 2012

Transaction ID : SASL2.5829

Amount of Each Receipt this Period

160.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Pat Veronda for Recorder of Deeds Campaign Committee

Account : 4426

Mailing Address PO Box 4592

City State Zip Code
Rock Island IL 61204-4592

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 17 2012

Transaction ID : SASL2.5781

Amount of Each Receipt this Period

50.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Pat Veronda for Recorder of Deeds Campaign Committee

Account : 4426

Mailing Address PO Box 4592

City State Zip Code
Rock Island IL 61204-4592

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 21 2012

Transaction ID : SASL2.5809

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Plumbers & Pipefitters Local No 25, Illinois State PAC

Account : 4426

Mailing Address 4600 46th Ave

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2012

Transaction ID : SASL2.5499

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

1310.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. Plumbers & Pipefitters Local No 25, Illinois State PAC

Account : 4426

Mailing Address 4600 46th Ave

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2012

Transaction ID : SASL2.5500

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Quad City Federation of Labor PAC

Account : 4426

Mailing Address 4600 46th Ave

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 23 2012

Transaction ID : SASL2.5803

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. RI/SRI Township Democrats

Account : 4426

Mailing Address 2001 28th Street

City State Zip Code
Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 24 2012

Transaction ID : SASL2.5815

Amount of Each Receipt this Period

200.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. RI Co Democratic Women's Club

Account : 4426

Mailing Address PO Box 426

City State Zip Code
East Moline IL 61244

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 23 2012

Transaction ID : SASL2.6250

Amount of Each Receipt this Period

1000.00

Aggregate Year-to-Date

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

2000.00

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

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE
 Account : 4426

Mailing Address 1800 3RD AVE ROOM 203
 PO BOX 3128

City State Zip Code
 ROCK ISLAND IL 61204

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 06 2012

Transaction ID : SASL2.5520

Amount of Each Receipt this Period
 264.55

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. SEIU Illinois Council PAC Fund
 Account : 4426

Mailing Address 111 E Wacker Drive
 Suite 2500

City State Zip Code
 Chicago IL 60601

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 16 2012

Transaction ID : SASL2.5768

Amount of Each Receipt this Period
 2500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. Sergeant, Inc.
 Account : 4426

Mailing Address PO Box 391

City State Zip Code
 Andalusia IL 61232

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 27 2012

Transaction ID : SASL2.5822

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. Sheet Metal Workers Local 91
 Account : 4426

Mailing Address 8124 42nd St W

City State Zip Code
 Rock Island IL 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 16 2012

Transaction ID : SASL2.5780

Amount of Each Receipt this Period
 200.00

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)..... ▶ 3064.55

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A. South Moline Township Democratic Central Committee

Account : 4426

Mailing Address 3514 56th St Pl

City Moline State IL Zip Code 61265

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 21 / 2012

Transaction ID : SASL2.5810

Amount of Each Receipt this Period

100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

B. Teamsters Local Union No. 371

Account : 4426

Mailing Address 7909 42nd St West

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 17 / 2012

Transaction ID : SASL2.5784

Amount of Each Receipt this Period

300.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

C. Tri - City Building Trades P.A.C.

Account : 4426

Mailing Address 4602 46th Ave

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 29 / 2012

Transaction ID : SASL2.5831

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

D. Tri City Building Trades Council

Account : 4426

Mailing Address 4602 46th Ave

City Rock Island State IL Zip Code 61201

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

08 / 23 / 2012

Transaction ID : SASL2.5805

Amount of Each Receipt this Period

500.00

Aggregate Year-to-Date

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

1400.00

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

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. UAW Illinois PAC
 Account : 4426
 Mailing Address 680 Barclay Blvd
 City Lincolnshire State IL Zip Code 60069
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 23 / 2012
Transaction ID : SASL2.5762
 Amount of Each Receipt this Period
 6000.00
 Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. UAW Illinois PAC
 Account : 4426
 Mailing Address 680 Barclay Blvd
 City Lincolnshire State IL Zip Code 60069
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 23 / 2012
Transaction ID : SASL2.5763
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C. United Food & Commerical Workers District Local Union 431
 Account : 4426
 Mailing Address 1401 W 3rd Street
 City Davenport State IA Zip Code 52802-1232
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SASL2.6245
 Amount of Each Receipt this Period
 2268.50
 Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D. United Steelworkers Local 105
 Account : 4426
 Mailing Address 880 Devils Glen Road
 City Bettendorf State IA Zip Code 52722
 Name of Employer or Principal Place of Business
 Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SASL2.6259
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date

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

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

9268.50

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

FOR LINE NUMBER:
(check only one) 1a 2

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NAME OF COMMITTEE (In Full)

ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name
A. Whiteside County Democratic Central Committee
 Account : 4426

Mailing Address 3709 E 17th St

City Sterling State IL Zip Code 61081

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : SASL2.5843

Amount of Each Receipt this Period
 100.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
B. Winstein, Kavensky & Cunningham
 Account : 4426

Mailing Address 224 18th St, PO Box 4298

City Rock Island State IL Zip Code 61204-4298

Name of Employer or Principal Place of Business

Occupation

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 23 / 2012

Transaction ID : SASL2.5812

Amount of Each Receipt this Period
 500.00

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
C.
 Account :

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name
D.
 Account :

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	58907.05

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 101
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input checked="" type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name A. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		02		2012
M M	/	D D	/	Y Y Y Y									
07		02		2012									
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5513										
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period <table border="1"> <tr> <td>688.83</td> </tr> </table>	688.83									
688.83													
Purpose of Disbursement Transfer from Levin Allocation to Federal Account			Account : 4426										

Full Name (Last, First, Middle Initial) / Full Organization Name B. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		02		2012
M M	/	D D	/	Y Y Y Y									
07		02		2012									
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5515										
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1583.46</td> </tr> </table>	1583.46									
1583.46													
Purpose of Disbursement Transfer from Levin Allocation to Federal Account			Account : 4426										

Full Name (Last, First, Middle Initial) / Full Organization Name C. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>02</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		02		2012
M M	/	D D	/	Y Y Y Y									
07		02		2012									
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5516										
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period <table border="1"> <tr> <td>836.85</td> </tr> </table>	836.85									
836.85													
Purpose of Disbursement Transfer from Levin Allocation to Federal Account			Account : 4426										

Full Name (Last, First, Middle Initial) / Full Organization Name D. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>29</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		29		2012
M M	/	D D	/	Y Y Y Y									
07		29		2012									
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5517										
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1260.27</td> </tr> </table>	1260.27									
1260.27													
Purpose of Disbursement Transfer from Levin Allocation to Federal Account			Account : 4426										

Full Name (Last, First, Middle Initial) / Full Organization Name E. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>29</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		29		2012
M M	/	D D	/	Y Y Y Y									
07		29		2012									
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5518										
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period <table border="1"> <tr> <td>604.50</td> </tr> </table>	604.50									
604.50													
Purpose of Disbursement Transfer from Levin Allocation to Fedearl Account			Account : 4426										

SUBTOTAL of Disbursements This Page (optional)..... ▶	<table border="1"> <tr> <td>4973.91</td> </tr> </table>	4973.91
4973.91		
TOTAL This Period (last page this line number only)..... ▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 101
	<input type="checkbox"/> 4a <input type="checkbox"/> 4c <input type="checkbox"/> 5 <input type="checkbox"/> 4b <input checked="" type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name A. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y Y Y 08 / 09 / 2012
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5852
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period 946.80
Purpose of Disbursement Levin Transfer			Account : 4426

Full Name (Last, First, Middle Initial) / Full Organization Name B. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5854
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period 1246.71
Purpose of Disbursement Levin Transfer			Account : 4426

Full Name (Last, First, Middle Initial) / Full Organization Name C. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y Y Y 08 / 25 / 2012
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.5855
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period 5400.00
Purpose of Disbursement Levin Transfer			Account : 4426

Full Name (Last, First, Middle Initial) / Full Organization Name D. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 06 / 2012
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.6367
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period 15403.93
Purpose of Disbursement Transfer to Federal Account			Account : 4426

Full Name (Last, First, Middle Initial) / Full Organization Name E. ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 1800 3RD AVE ROOM 203 PO BOX 3128			Transaction ID : SBSL4D.6466
City ROCK ISLAND	State IL	Zip Code 61204	Amount of Each Disbursement this Period 1786.84
Purpose of Disbursement Transfer to Federal			Account : 4426

SUBTOTAL of Disbursements This Page (optional)..... ▶	24784.28
TOTAL This Period (last page this line number only)..... ▶	29758.19

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER:	PAGE 98 OF 101		
	(check only one)	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input checked="" type="checkbox"/> 5
		<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)
ROCK ISLAND COUNTY DEMOCRATIC CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
A. ILDCCA			<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
Mailing Address PO Box 3445			Transaction ID : SBSL5.5510
City	State	Zip Code	Amount of Each Disbursement this Period
Springfield	IL	62708	<input type="text" value="500.00"/>
Purpose of Disbursement Chairman's Brunch			Account : 4426

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
B. Quad City Labor Day Alliance			<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
Mailing Address 3247 E 35th St Ct			Transaction ID : SBSL5.6206
City	State	Zip Code	Amount of Each Disbursement this Period
Davenport	IA	52807	<input type="text" value="325.00"/>
Purpose of Disbursement Booklet Ad - Rock Island County Democrats			Account : 4426

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
C.			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
			<input type="text"/>
Purpose of Disbursement			Account :

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
D.			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
			<input type="text"/>
Purpose of Disbursement			Account :

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
E.			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
			<input type="text"/>
Purpose of Disbursement			Account :

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="825.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="825.00"/>

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

Form/Schedule: SASL2

Transaction ID : SASL2.5520

Line 2 Page 19 - Closed the Non-Federal Account into the Levin Account

Form/Schedule: SBSL4D

Transaction ID: SBSL4D.5513

This Levin transfer was for activity reported in June 2012.

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

Form/Schedule: **SBSL4D**

Transaction ID : **SBSL4D.5515**

This Levin transfer was for activity reported in June 2012.

Form/Schedule: **SBSL4D**

Transaction ID: **SBSL4D.5516**

This Levin transfer was for activity reported in June 2012.

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

Form/Schedule: SBSL5

Transaction ID : SBSL5.6206

This Ad was not Federal Election Activity. It was an ad promoting the local party organization. No Federal, state or local candidate were identified. No GOTV message was included. MESSAGE: 'The Democratic Party of Rock Island County Proudly Salutes Organized Labor and the Great American Middle-Class' 'The Democratic Party: Working for the America's Workers'

Form/Schedule:

Transaction ID: