

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. 12FE4M5

COMMITTEE TO ELECT DELEGATES

ADDRESS (number and street) 220 WEST HOWARD

Check if different than previously reported. (ACC) PONTIAC IL 61764

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C00498287

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

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

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012

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 Paul Kilgore

Signature of Treasurer Paul Kilgore *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

COMMITTEE TO ELECT DELEGATES

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"/>		20693.97
(b) Cash on Hand at Beginning of Reporting Period.....	20693.97	
(c) Total Receipts (from Line 19)	81025.17	81025.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	101719.14	101719.14
7. Total Disbursements (from Line 31).....	75017.41	75017.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26701.73	26701.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

COMMITTEE TO ELECT DELEGATES

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).....	68800.00	68800.00
(ii) Unitemized	2225.00	2225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	71025.00	71025.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	81025.00	81025.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.17	0.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	81025.17	81025.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81025.17	81025.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	74617.41	74617.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	74617.41	74617.41
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	400.00	400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75017.41	75017.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75017.41	75017.41

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)	81025.00	81025.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81025.00	81025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	74617.41	74617.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74617.41	74617.41

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

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

FOR LINE NUMBER: PAGE 6 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

A. Jay Bergman
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 E Ogden Ave
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Petco Petroleum Corp Occupation Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : SA11AI.4564
 Amount of Each Receipt this Period
 2000.00

B. Robert Burt
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Oak Tree Road
 City Bluffton State SC Zip Code 29910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.4567
 Amount of Each Receipt this Period
 2500.00

C. Thomas Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 N Garfield Ave
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Knowledge Works Inc Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2012
Transaction ID : SA11AI.4538
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00
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 7 OF 64
	<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)
COMMITTEE TO ELECT DELEGATES

A. Charles Carey
Full Name (Last, First, Middle Initial)
Mailing Address 604 52nd Place
City Weston Springs State IL Zip Code 60558
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 06 / 2012
Transaction ID : SA11AI.4546
Amount of Each Receipt this Period
500.00

B. Franco Coladipietro
Full Name (Last, First, Middle Initial)
Mailing Address 157 Cardinal Dr
City Bloomingdale State IL Zip Code 60108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Amari & Locallo Attorney
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
01 / 11 / 2012
Transaction ID : SA11AI.4487
Amount of Each Receipt this Period
250.00

C. John T Cusack
Full Name (Last, First, Middle Initial)
Mailing Address 2040 N Kenmore
City Chicago State IL Zip Code 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DLA Piper Attorney
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2012
Transaction ID : SA11AI.4750
Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 64
	<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)
COMMITTEE TO ELECT DELEGATES

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

Mailing Address 729 W North Street

City Grayville State IL Zip Code 62844

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

Name of Employer Central Supply Co Inc Occupation Co-Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : SA11AI.4552

Amount of Each Receipt this Period
 250.00

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

Mailing Address 15507 Sunnybrook Rd

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
 300.00

C. Cyrus F Freidheim Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 11105 Old Harbour Rd

City North Palm Beach State FL Zip Code 33408

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3050.00

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 9 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

A. Cyrus F Freidheim Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11105 Old Harbour Rd
 City North Palm Beach State FL Zip Code 33408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : SA11AI.4754
 Amount of Each Receipt this Period
 2500.00

B. Mitzie Freidheim
 Full Name (Last, First, Middle Initial)
 Mailing Address 11105 Old Harbour Rd
 City North Palm Beach State FL Zip Code 33408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : SA11AI.4862
 Amount of Each Receipt this Period
 5000.00

C. T Bondurant French
 Full Name (Last, First, Middle Initial)
 Mailing Address 692 Lenox Rd
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adams Street Partners Occupation CEO
 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
 02 / 20 / 2012
Transaction ID : SA11AI.4589
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 8000.00
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 64
	<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)
COMMITTEE TO ELECT DELEGATES

A. Alan Herbert
Full Name (Last, First, Middle Initial)

Mailing Address 25550 Tuscarora Court

City Barrington State IL Zip Code 60010

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 04 / 2012
Transaction ID : SA11AI.4534

Amount of Each Receipt this Period
500.00

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

Mailing Address 9659 Mashie Ct

City Naples State FL Zip Code 34108

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 09 / 2012
Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
5000.00

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

Mailing Address 1500 N Lakeshore Dr

City Chicago State IL Zip Code 60610

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

Name of Employer CC Industries, Inc Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
03 / 16 / 2012
Transaction ID : SA11AI.4681

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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 64
<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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial) A. William Kunkler		Date of Receipt MM / DD / YYYY 02 / 06 / 2012 Transaction ID : SA11AI.4548
Mailing Address 222 N LaSalle Street Ste 1000		Amount of Each Receipt this Period 1000.00
City Chicago State IL Zip Code 60601	FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Josef Lakonishok		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : SA11AI.4678
Mailing Address 1943 North Burling		Amount of Each Receipt this Period 5000.00
City Chicago State IL Zip Code 60614	FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. David MacNeil		Date of Receipt MM / DD / YYYY 02 / 04 / 2012 Transaction ID : SA11AI.4536
Mailing Address 205 E Sixth Street		Amount of Each Receipt this Period 2500.00
City Hinsdale State IL Zip Code 60521	FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

A. David MacNeil
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 E Sixth Street
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MacNeil Automotive Products LTD Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 03 / 23 / 2012
Transaction ID : SA11AI.4858
 Amount of Each Receipt this Period
 2500.00

B. John G Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 Apple River Dr
 City Naperville State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GE Capital Occupation Investment Banking
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 03 / 23 / 2012
Transaction ID : SA11AI.4859
 Amount of Each Receipt this Period
 2500.00

C. Robert C McCormack
 Full Name (Last, First, Middle Initial)
 Mailing Address 780 Barberry Lane
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 03 / 18 / 2012
Transaction ID : SA11AI.4733
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00
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 13 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

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

Mailing Address 4 Country Lakes Lane

City Waterloo State IL Zip Code 60098

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

Name of Employer Self Employed Occupation Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 06 / 2012
Transaction ID : SA11AI.4556

Amount of Each Receipt this Period
500.00

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

Mailing Address 501 N Clinton Street Apt 3401

City Chicago State IL Zip Code 60654

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

Name of Employer Prescott Medical Communications Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
02 / 06 / 2012
Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
1000.00

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

Mailing Address 491 Bow Line Dr

City Naples State FL Zip Code 34103

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
02 / 06 / 2012
Transaction ID : SA11AI.4560

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 14 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

A. John N Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 805398
 City Chicago State IL Zip Code 60680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Exelon Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012
Transaction ID : SA11AI.4724
 Amount of Each Receipt this Period
 2500.00

B. Frank Saverino
 Full Name (Last, First, Middle Initial)
 Mailing Address 1366 Tall Oaks Dr
 City Carol Stream State IL Zip Code 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saverino & Associates Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11AI.4665
 Amount of Each Receipt this Period
 1000.00

C. William D Smithburg
 Full Name (Last, First, Middle Initial)
 Mailing Address 676 North Michigan Ave Ste 3860
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : SA11AI.4739
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
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 15 OF 64
	<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)
COMMITTEE TO ELECT DELEGATES

A. Matthew E Stenmetz
Full Name (Last, First, Middle Initial)

Mailing Address 1235 West Webster Ave

City Chicago State IL Zip Code 60614

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

Name of Employer Kirkland & Ellis, LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012

Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 150 Field Drive Suite 100

City Lake Forest State IL Zip Code 60045

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

Name of Employer North Star Investments Occupation Investment Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 800 N Michigan Ave

City Chicago State IL Zip Code 60611

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

Name of Employer Wind Point Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial) A. Florence F Wheeler		Date of Receipt
Mailing Address 10 N Mayflower Rd		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City State Zip Code Lake Forest IL 60045		Transaction ID : SA11AI.4587
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. William Wolf		Date of Receipt
Mailing Address 2430 N Lakeview St		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City State Zip Code Chicago IL 60614		Transaction ID : SA11AI.4554
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer BW Financial Services LLC	Occupation Private Equity	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Paul S Wolfe		Date of Receipt
Mailing Address 115 West Prairie		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code Wheaton IL 60187		Transaction ID : SA11AI.4748
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Self Employed	Occupation Management Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 17 OF 64
(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)
COMMITTEE TO ELECT DELEGATES

A. Rick Workman
Full Name (Last, First, Middle Initial)
Mailing Address 9800 Walzer Ct
City Windermere State FL Zip Code 34786
FEC ID number of contributing federal political committee. **C**
Name of Employer Heartland Dental Occupation Chairman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2012
Transaction ID : SA11AI.4676
Amount of Each Receipt this Period
5000.00

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
MM / DD / YYYY
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
MM / DD / YYYY
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	68800.00

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

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

FOR LINE NUMBER: PAGE 18 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

A. DUCHOSSOIS GROUP PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 LARCH AVENUE
 City State Zip Code
 ELMHURST IL 60126
 FEC ID number of contributing federal political committee. **C** C00212308
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : SA11C.4663
 Amount of Each Receipt this Period
 5000.00

B. EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELONPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SOUTH DEARBORN STREET
 City State Zip Code
 CHICAGO IL 60603
 FEC ID number of contributing federal political committee. **C** C00141218
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : SA11C.4735
 Amount of Each Receipt this Period
 5000.00

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).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee CC Transaction Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SB21B.4612

Amount of Each Disbursement this Period

185.00

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee CC Transaction Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2012

Transaction ID : SB21B.4824

Amount of Each Disbursement this Period

840.00

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee CC Transaction Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SB21B.4867

Amount of Each Disbursement this Period

675.00

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

1700.00

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Committee Telephone

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4462

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Committee Telephone

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4476

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 6416

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Committee Telephone

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4627

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Bremen Township Republican Organization

Mailing Address 15746 Jon Rd

City State Zip Code
Oak Forest IL 60452

Purpose of Disbursement
Committee Sample Ballot Printing & Distribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4613

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City State Zip Code
McLean VA 22102

Purpose of Disbursement
Committee Expenses (See Below)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4427

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Emerald Loop Bar & Grill

Mailing Address 216 N Wabash

City State Zip Code
Chicago IL 60601

Purpose of Disbursement
Committee Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4427.0

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4510

Amount of Each Disbursement this Period

206.80

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4510.0

Amount of Each Disbursement this Period

206.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Event Catering (No Itemization Necessary)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4514

Amount of Each Disbursement this Period

74.05

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

280.85

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4516

Amount of Each Disbursement this Period

502.63

Full Name (Last, First, Middle Initial)

B. Cafe Fontana

Mailing Address 1024 W Reynolds Street

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Event Catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4516.0

Amount of Each Disbursement this Period

502.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4521

Amount of Each Disbursement this Period

35.40

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

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

538.03

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

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
0	2		0	8		2	0	1	2

Transaction ID : SB21B.4521.0

Amount of Each Disbursement this Period

3	5	.	4	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Event Supplies (No Itemization Necessary)

001

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
0	2		0	8		2	0	1	2

Transaction ID : SB21B.4525

Amount of Each Disbursement this Period

3	7	.	1	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001

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
0	2		2	0		2	0	1	2

Transaction ID : SB21B.4570

Amount of Each Disbursement this Period

8	8	.	6	9
---	---	---	---	---

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

1	2	.	5	8	3
---	---	---	---	---	---

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

1	2	.	5	8	3
---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4570.0

Amount of Each Disbursement this Period

8	8	.	6	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4574

Amount of Each Disbursement this Period

7	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. InterAmerica, LLC

Mailing Address 600 Pennsylvania Ave SE Ste 400

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Database Management

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4574.0

Amount of Each Disbursement this Period

7	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

7	0	0	.	0	0
---	---	---	---	---	---

7	0	0	.	0	0
---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : SB21B.4623

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : SB21B.4623.0

Amount of Each Disbursement this Period

225.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SB21B.4638

Amount of Each Disbursement this Period

122.07

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

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

347.07

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4638.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4642

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4642.0

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4688

Amount of Each Disbursement this Period

17.75

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4688.0

Amount of Each Disbursement this Period

17.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4692

Amount of Each Disbursement this Period

24.13

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

41.88

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4692.0

Amount of Each Disbursement this Period

2	4	.	1	3
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4697

Amount of Each Disbursement this Period

3	2	4	3	.	0	6
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4697.0

Amount of Each Disbursement this Period

3	2	4	3	.	0	6
---	---	---	---	---	---	---

[MEMO ITEM]

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

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

3	2	4	3	.	0	6
---	---	---	---	---	---	---

3	2	4	3	.	0	6
---	---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.4701

Amount of Each Disbursement this Period

1	5	3	.	1	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.4701.0

Amount of Each Disbursement this Period

1	5	3	.	1	5
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.4706

Amount of Each Disbursement this Period

1	2	8	.	0	0
---	---	---	---	---	---

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

1	4	3	.	3	1	5
---	---	---	---	---	---	---

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

1	4	3	.	3	1	5
---	---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4706.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4710

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4710.0

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2012

Transaction ID : SB21B.4714

Amount of Each Disbursement this Period

256.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2012

Transaction ID : SB21B.4714.0

Amount of Each Disbursement this Period

256.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4761

Amount of Each Disbursement this Period

3681.16

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

3937.16

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Image Air

Mailing Address 2933 E Empire St

City Bloomington State IL Zip Code 61704

Purpose of Disbursement
Committee Airfare

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4761.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (No Itemization Necessary)

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4766

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (No Itemization Necessary)

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4768

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (No Itemization Necessary)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4772

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4772.0

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4776

Amount of Each Disbursement this Period

540.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4776.0

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4780

Amount of Each Disbursement this Period

320.00

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

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

860.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4780.0

Amount of Each Disbursement this Period

3	2	0	0	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4784

Amount of Each Disbursement this Period

6	4	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.4784.0

Amount of Each Disbursement this Period

6	4	0	0	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

6	4	0	0	0	0
---	---	---	---	---	---

6	4	0	0	0	0
---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4788

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4788.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4792

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

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
0	3		2	0		2	0	1	2

Transaction ID : SB21B.4792.0

Amount of Each Disbursement this Period

1	2	1	.	6	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001

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
0	3		2	0		2	0	1	2

Transaction ID : SB21B.4796

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

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
0	3		2	0		2	0	1	2

Transaction ID : SB21B.4796.0

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

2	0	0	.	0	0
---	---	---	---	---	---

2	0	0	.	0	0
---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4819

Amount of Each Disbursement this Period

1360.80

Full Name (Last, First, Middle Initial)

B. Pitney Bowes

Mailing Address PO Box 371896

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Committee Data Work

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4819.0

Amount of Each Disbursement this Period

1360.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (No Itemization Necessary)

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4843

Amount of Each Disbursement this Period

101.54

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

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

1462.34

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (No Itemization Necessary)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4845

Amount of Each Disbursement this Period

73.56

Full Name (Last, First, Middle Initial)

B. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4847

Amount of Each Disbursement this Period

5570.88

Full Name (Last, First, Middle Initial)

C. Pitney Bowes

Mailing Address PO Box 371896

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Committee Data Work

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4847.0

Amount of Each Disbursement this Period

5570.88

[MEMO ITEM]

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

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

5644.44

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (See Memo Entries)

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4850

Amount of Each Disbursement this Period

1280.00

Full Name (Last, First, Middle Initial)

B. Pitney Bowes

Mailing Address PO Box 371896

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Committee Data Work

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4850.0

Amount of Each Disbursement this Period

1280.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Capital One

Mailing Address 1680 Capital One Dr

City McLean State VA Zip Code 22102

Purpose of Disbursement
Committee Expenses (No Itemization Necessary)

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2012

Transaction ID : SB21B.4875

Amount of Each Disbursement this Period

41.00

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

1321.00

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. CDS Office Technologies

Mailing Address 612 S Dirksen Pkwy

City Springfield State IL Zip Code 62703

Purpose of Disbursement
Committee Office Equipment

001

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
0	1		2	4		2	0	1	2

Transaction ID : SB21B.4474

Amount of Each Disbursement this Period

8	9	.	7	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CDS Office Technologies

Mailing Address 612 S Dirksen Pkwy

City Springfield State IL Zip Code 62703

Purpose of Disbursement
Committee Office Supplies

001

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
0	1		2	4		2	0	1	2

Transaction ID : SB21B.4478

Amount of Each Disbursement this Period

8	2	.	3	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CDS Office Technologies

Mailing Address 612 S Dirksen Pkwy

City Springfield State IL Zip Code 62703

Purpose of Disbursement
Committee Office Supplies

001

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
0	2		2	0		2	0	1	2

Transaction ID : SB21B.4579

Amount of Each Disbursement this Period

3	5	.	3	8
---	---	---	---	---

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

2	0	7	.	4	8
---	---	---	---	---	---

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

2	0	7	.	4	8
---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial) A. CDS Office Technologies		Date of Disbursement MM / DD / YYYY 03 / 16 / 2012
Mailing Address 612 S Dirksen Pkwy		Transaction ID : SB21B.4718
City Springfield	State IL	
Zip Code 62703	Purpose of Disbursement Committee Office Supplies	Amount of Each Disbursement this Period 70.65
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ComEd		Date of Disbursement MM / DD / YYYY 01 / 24 / 2012
Mailing Address PO Box 6111		Transaction ID : SB21B.4464
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Committee Utilities	Amount of Each Disbursement this Period 409.12
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Debi Fornero		Date of Disbursement MM / DD / YYYY 01 / 13 / 2012
Mailing Address 841 S Manlove St		Transaction ID : SB21B.4416
City Pontiac	State IL	
Zip Code 61764	Purpose of Disbursement Committee Salary	Amount of Each Disbursement this Period 288.14
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	767.91
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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Debi Fornero

Mailing Address 841 S Manlove St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB21B.4500

Amount of Each Disbursement this Period

322.02

Full Name (Last, First, Middle Initial)

B. Debi Fornero

Mailing Address 841 S Manlove St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2012

Transaction ID : SB21B.4600

Amount of Each Disbursement this Period

429.63

Full Name (Last, First, Middle Initial)

C. Debi Fornero

Mailing Address 841 S Manlove St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : SB21B.4608

Amount of Each Disbursement this Period

274.74

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

1026.39

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Debi Fornero

Mailing Address 841 S Manlove St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Meals

001

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
0	3		0	9		2	0	1	2

Transaction ID : SB21B.4654

Amount of Each Disbursement this Period

8	7	.	7
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Debi Fornero

Mailing Address 841 S Manlove St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

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
0	3		1	5		2	0	1	2

Transaction ID : SB21B.4829

Amount of Each Disbursement this Period

1	4	.	7
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Debi Fornero

Mailing Address 841 S Manlove St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

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
0	3		3	0		2	0	1	2

Transaction ID : SB21B.4837

Amount of Each Disbursement this Period

6	5	.	2	9
---	---	---	---	---

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

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

8	8	.	1	2
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--	--	--	--	--

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Mileage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2012

Transaction ID : SB21B.4436

Amount of Each Disbursement this Period

276.39

Full Name (Last, First, Middle Initial)

B. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2012

Transaction ID : SB21B.4412

Amount of Each Disbursement this Period

1422.14

Full Name (Last, First, Middle Initial)

C. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB21B.4493

Amount of Each Disbursement this Period

1422.15

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

3120.68

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : SB21B.4596

Amount of Each Disbursement this Period

1422.14

Full Name (Last, First, Middle Initial)

B. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : SB21B.4604

Amount of Each Disbursement this Period

1422.15

Full Name (Last, First, Middle Initial)

C. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2012

Transaction ID : SB21B.4825

Amount of Each Disbursement this Period

1422.14

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

4266.43

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City State Zip Code
Pontiac IL 61764

Purpose of Disbursement
Committee Event Supplies

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2012

Transaction ID : SB21B.4720

Amount of Each Disbursement this Period

24.65

Full Name (Last, First, Middle Initial)

B. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City State Zip Code
Pontiac IL 61764

Purpose of Disbursement
Committee Travel Expenses (Lodging)

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2012

Transaction ID : SB21B.4854

Amount of Each Disbursement this Period

275.81

Full Name (Last, First, Middle Initial)

C. Barbara Frobish

Mailing Address 905 N Deerfield Rd Apt 104

City State Zip Code
Pontiac IL 61764

Purpose of Disbursement
Committee Salary

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : SB21B.4833

Amount of Each Disbursement this Period

1422.15

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

1722.61

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Frontier

Mailing Address PO Box 2951

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Committee Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB21B.4467

Amount of Each Disbursement this Period

746.58

Full Name (Last, First, Middle Initial)

B. Frontier

Mailing Address PO Box 2951

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Committee Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4504

Amount of Each Disbursement this Period

187.61

Full Name (Last, First, Middle Initial)

C. Frontier

Mailing Address PO Box 2951

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement
Committee Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2012

Transaction ID : SB21B.4659

Amount of Each Disbursement this Period

188.41

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

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

1122.60

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Illinois Department of Revenue

Mailing Address PO Box 1040

City Galesburg State IL Zip Code 61402

Purpose of Disbursement
Committee Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2012

Transaction ID : SB21B.4420

Amount of Each Disbursement this Period

575.06

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Committee Payroll Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2012

Transaction ID : SB21B.4568

Amount of Each Disbursement this Period

2861.11

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201

Purpose of Disbursement
Committee Taxes

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : SB21B.4732

Amount of Each Disbursement this Period

1104.07

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

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

4540.24

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address Internal Revenue Service Center

City Ogdden State UT Zip Code 84201

Purpose of Disbursement
Committee Tax Payment

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : SB21B.4894

Amount of Each Disbursement this Period

1110.28

Full Name (Last, First, Middle Initial)

B. Lisa Wagner & Co

Mailing Address 102 N Cross Street #6

City Wheaton State IL Zip Code 60167

Purpose of Disbursement
Committee Postage/Printing/Catering

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : SB21B.4620

Amount of Each Disbursement this Period

919.50

Full Name (Last, First, Middle Initial)

C. Printing Craftsmen

Mailing Address 509 W Howard St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Printing

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2012

Transaction ID : SB21B.4508

Amount of Each Disbursement this Period

527.00

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

2556.78

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Printing Craftsmen

Mailing Address 509 W Howard St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Printing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : SB21B.4629

Amount of Each Disbursement this Period

684.42

Full Name (Last, First, Middle Initial)

B. Printing Craftsmen

Mailing Address 509 W Howard St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Printing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : SB21B.4802

Amount of Each Disbursement this Period

7122.00

Full Name (Last, First, Middle Initial)

C. Professional Data Services

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Committee Administration

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2012

Transaction ID : SB21B.4506

Amount of Each Disbursement this Period

500.00

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

8306.42

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Professional Data Services

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Committee Administration

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4618

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PST Express

Mailing Address 415 W Howard

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Shipping

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4856

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Carol Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4498

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial) A. Carol Rutherford		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 13266 East 950 North Road		Transaction ID : SB21B.4598
City Chenoa State IL Zip Code 61726	Amount of Each Disbursement this Period 101.53	
Purpose of Disbursement Committee Salary	Category/Type 001	Amount of Each Disbursement this Period 101.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carol Rutherford		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 13266 East 950 North Road		Transaction ID : SB21B.4606
City Chenoa State IL Zip Code 61726	Amount of Each Disbursement this Period 42.90	
Purpose of Disbursement Committee Salary	Category/Type 001	Amount of Each Disbursement this Period 42.90
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carol Rutherford		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 13266 East 950 North Road		Transaction ID : SB21B.4652
City Chenoa State IL Zip Code 61726	Amount of Each Disbursement this Period 26.75	
Purpose of Disbursement Committee Meals	Category/Type 001	Amount of Each Disbursement this Period 26.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	171.18
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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Carol Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Salary

001

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
0	3		1	5		2	0	1	2

Transaction ID : SB21B.4827

Amount of Each Disbursement this Period

2	1	3	.	5	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Carol Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Salary

001

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
0	3		3	0		2	0	1	2

Transaction ID : SB21B.4835

Amount of Each Disbursement this Period

3	4	6	.	6	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Lodging/Shipping/Meals

001

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
0	1		1	2		2	0	1	2

Transaction ID : SB21B.4432

Amount of Each Disbursement this Period

5	4	4	.	3	9
---	---	---	---	---	---

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

1	1	0	4	.	5	4
---	---	---	---	---	---	---

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

1	1	0	4	.	5	4
---	---	---	---	---	---	---

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Lodging

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4434

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Printing

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4439

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Mileage

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4451

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Rent & Office Equipment

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2012

Transaction ID : SB21B.4483

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Rent & Office Equipment

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : SB21B.4529

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Meals

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2012

Transaction ID : SB21B.4581

Amount of Each Disbursement this Period

66.66

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

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

466.66

**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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Travel & Catering Expenses

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4583

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Lodging

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4585

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Meals

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4594

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial) A. Dan Rutherford		Date of Disbursement MM / DD / YYYY 03 / 09 / 2012
Mailing Address 13266 East 950 North Road		Transaction ID : SB21B.4648
City Chenoa State IL Zip Code 61726	Amount of Each Disbursement this Period 221.25	
Purpose of Disbursement Committee Lodging	<input checked="" type="checkbox"/> 001 Category/Type	Amount of Each Disbursement this Period 221.25
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dan Rutherford		Date of Disbursement MM / DD / YYYY 03 / 26 / 2012
Mailing Address 13266 East 950 North Road		Transaction ID : SB21B.4869
City Chenoa State IL Zip Code 61726	Amount of Each Disbursement this Period 223.61	
Purpose of Disbursement Committee Meals	<input checked="" type="checkbox"/> 001 Category/Type	Amount of Each Disbursement this Period 223.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dan Rutherford		Date of Disbursement MM / DD / YYYY 03 / 26 / 2012
Mailing Address 13266 East 950 North Road		Transaction ID : SB21B.4871
City Chenoa State IL Zip Code 61726	Amount of Each Disbursement this Period 228.15	
Purpose of Disbursement Committee Lodging	<input checked="" type="checkbox"/> 001 Category/Type	Amount of Each Disbursement this Period 228.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	673.01
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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Meeting Expense

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2012

Transaction ID : SB21B.4873

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dan Rutherford

Mailing Address 13266 East 950 North Road

City Chenoa State IL Zip Code 61726

Purpose of Disbursement
Committee Event Catering

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2012

Transaction ID : SB21B.4877

Amount of Each Disbursement this Period

292.77

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	19	/	2012

Transaction ID : SB21B.4449

Amount of Each Disbursement this Period

1100.00

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

1432.77

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement Committee Postage Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

Transaction ID : SB21B.4502

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement Committee Postage Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

Transaction ID : SB21B.4636

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement Committee Postage Category/Type

Candidate Name

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

State: District:

Date of Disbursement / /

Transaction ID : SB21B.4683

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4804

Amount of Each Disbursement this Period

720.90

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4808

Amount of Each Disbursement this Period

246.01

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2012

Transaction ID : SB21B.4815

Amount of Each Disbursement this Period

243.20

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

1210.11

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Pontiac PO

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Committee Postage

001

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
0	3		2	0		2	0	1	2

Transaction ID : SB21B.4817

Amount of Each Disbursement this Period

2	4	2	.	8	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address PO Box 6434

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Committee Office Equipment

001

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
0	3		0	9		2	0	1	2

Transaction ID : SB21B.4661

Amount of Each Disbursement this Period

1	1	3	.	6	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

356.51

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

73191.83

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)
COMMITTEE TO ELECT DELEGATES

Full Name (Last, First, Middle Initial)

A. Livingston County Republicans

Mailing Address 402 E Payson St

City Pontiac State IL Zip Code 61764

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.4645

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

400.00

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

400.00