

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 61
(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)

ILLINOIS REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALSAMMARAE, AIHAM, , ,

Mailing Address 1211 S PRAIRIE AVE #6001

City
CHICAGOState
ILZip Code
60605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KCI ENGINEERINGOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : A3AEB36D815F84A189DC

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUCHOSSOIS, CRAIG, , ,

Mailing Address 444 W LAKE ST STE 2000

City
CHICAGOState
ILZip Code
60606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE DUCHOSSOIS GROUPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	D D	Y Y Y Y
06	06	2017

Transaction ID : A31EA475D715A4903A4A

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, MATTHEW, , ,

Mailing Address 413 JACKSON AVENUE

City
GLENCOEState
ILZip Code
60022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHSHORE MEDICAL GROUPOccupation (for Individual)
PHYSICIAN/RADIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	08	2017

Transaction ID : ACDED8F441DBF4903BB2

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

13000.00

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