

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

14 APR 15 PM 4:42

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Americans for Doug Truax

ADDRESS (number and street)

PO Box 4808



Check if different than previously reported. (ACC)

Oak Brook

IL

60522

2. FEC IDENTIFICATION NUMBER ▼

C C00548457

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

IL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

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 Sherry Gaskill

Signature of Treasurer

Sherry Gaskill

4/8/14

Date

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

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

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**FEC FORM 3**  
(Revised 02/2003)

4020192120

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Americans for Doug Truax**

Report Covering the Period: From: **01 / 01 / 2014** To: **03 / 31 / 2014**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	115559.00	412756.67
(b) Total Contribution Refunds (from Line 20(d)) ..	29987.00	29987.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	85572.00	382769.67
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	117711.97	397673.81
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	87.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	117711.97	397586.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	5183.56	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	43396.15	

**For further information contact:**

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

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

14020192121

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 89

Write or Type Committee Name

**Americans for Doug Truax**

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2014

To:

MM / DD / YYYY  
03 / 31 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	79785.00	322220.00
(ii) Unitemized .....	31774.00	68783.32
(iii) TOTAL of contributions from individuals .	111559.00	391003.32
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	1000.00	7750.00
(d) The Candidate .....	3000.00	14003.35
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	115559.00	412756.67
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>		
	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	0.00	18000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	18000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>		
	0.00	87.70
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0.00	2000.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	115559.00	432844.37

14020192122

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	117711.97	397673.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	29987.00	29987.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	29987.00	29987.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	147698.97	427660.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	37323.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	115559.00
25. SUBTOTAL (add Line 23 and Line 24)...	152882.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	147698.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	5183.56

14020192123

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

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

FOR LINE NUMBER: PAGE 5 OF 89  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**ERROL BAPTIST**

Mailing Address **5112 PARLIAMENT PLACE**

City **ROCKFORD** State **IL** Zip Code **61107-5066**

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

Name of Employer **SELF** Occupation **DOCTOR**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 05 / 2014**  
Transaction ID : **SA11.1106**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH H. BEARD**

Mailing Address **3711 MADISON ST**

City **OAK BROOK** State **IL** Zip Code **60523-2757**

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

Name of Employer **KHB GROUP** Occupation **OWNER**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 06 / 2014**  
Transaction ID : **SA11.1128**

Amount of Each Receipt this Period  
**550.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN BEARD**

Mailing Address **3711 MADISON**

City **OAK BROOK** State **IL** Zip Code **60523-2757**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary    General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **03 / 06 / 2014**  
Transaction ID : **SA11.1717**

Amount of Each Receipt this Period  
**450.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... **1500.00**

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

14020192124

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 89
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN BEARD**

Mailing Address **3711 MADISON**

City **OAK BROOK** State **IL** Zip Code **60523-2757**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 11 / 2014**

Transaction ID : **SA11.1718**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN BUCHER**

Mailing Address **38 SAPPHIRE CT**

City **MORTON** State **IL** Zip Code **61550-3608**

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

Name of Employer **DIALYSIS MANAGEMENT SERVICES, LLC** Occupation **CORPORATE MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 05 / 2014**

Transaction ID : **SA11.1088**

Amount of Each Receipt this Period  
**2000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN BURKE**

Mailing Address **4900 SOUTH VERNON AVE**

City **MCCOOK** State **IL** Zip Code **60525-6000**

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

Name of Employer **BURKE BEVERAGE, INC** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 08 / 2014**

Transaction ID : **SA11.1157**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

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

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

**3250.00**

14020192125

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

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

FOR LINE NUMBER: PAGE 7 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS R. BUTLER**

Mailing Address **121 N GARFIELD AVE**

City **HINSDALE** State **IL** Zip Code **60521-3719**

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

Name of Employer **PAYNET, INC.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
M / M / Y Y Y Y  
**03 / 11 / 2014**

Transaction ID : **SA11.1407**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN CARL**

Mailing Address **1854 ABBOTSFORD DRIVE**

City **VIENNA** State **VA** Zip Code **22182-3301**

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

Name of Employer **ACCENTURE, LLP** Occupation **MANAGEMENT CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M / M / Y Y Y Y  
**03 / 06 / 2014**

Transaction ID : **SA11.1118**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

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

Mailing Address **406 LINDGREN LANE**

City **BELVIDERE** State **IL** Zip Code **61008-7065**

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

Name of Employer **SELF** Occupation **SALES**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
M / M / Y Y Y Y  
**03 / 14 / 2014**

Transaction ID : **SA11.1512**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

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

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

**3200.00**

14020192126

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

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

FOR LINE NUMBER: (check only one)		PAGE 8 OF 89	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>JOHN CARMICHAEL</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2014	
Mailing Address <b>406 LINDGREN LANE</b>		Transaction ID : <b>SA11.1635</b>	
City <b>BELVIDERE</b>	State <b>IL</b>	Zip Code <b>61008-7065</b>	Amount of Each Receipt this Period <b>100.00</b> CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF</b>	Occupation <b>SALES</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>600.00</b>		

Full Name (Last, First, Middle Initial) <b>JANICE CHRISTENSEN</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address <b>5641 WALNUT AVE</b>		Transaction ID : <b>SA11.1328</b>	
City <b>DOWNERS GROVE</b>	State <b>IL</b>	Zip Code <b>60516-1003</b>	Amount of Each Receipt this Period <b>100.00</b> CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>JP MORGAN CHASE</b>	Occupation <b>IT MANAGER</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>610.00</b>		

Full Name (Last, First, Middle Initial) <b>DONALD CLARK</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2014	
Mailing Address <b>12 TARTAN LAKES CIRCLE</b>		Transaction ID : <b>SA11.1130</b>	
City <b>WESTMONT</b>	State <b>IL</b>	Zip Code <b>60559-6158</b>	Amount of Each Receipt this Period <b>250.00</b> CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MICRON INDUSTRIES</b>	Occupation <b>PRESIDENT</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>800.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020192127



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

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

FOR LINE NUMBER: PAGE 9 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN CODE**

Mailing Address **1962 GULFSHORE BLVD SOUTH**

City **NAPLES** State **FL** Zip Code **34102-7566**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**03 / 14 / 2014**

Transaction ID : **SA11.1518**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GERALD COOPER**

Mailing Address **320 ROYCE WOODS CT.**

City **NAPERVILLE** State **IL** Zip Code **60565-6330**

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

Name of Employer **SCOPELITIS GARVIN, LIGHT, HANSON AND I** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**03 / 17 / 2014**

Transaction ID : **SA11.1613**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE CRAFT**

Mailing Address **8382 N CRAFT RD**

City **VERMONT** State **IL** Zip Code **61484-9680**

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

Name of Employer **SELF** Occupation **FARMER/RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
**03 / 08 / 2014**

Transaction ID : **SA11.1206**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**1600.00**  
**CONTRIBUTION**

14020192128

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL A. CRAIGMILE**

Mailing Address **1041 HAVENWOOD LANE**

City **LAKE FOREST** State **IL** Zip Code **60045-3388**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
M / D / Y  
**03 / 07 / 2014**

Transaction ID : **SA11.1154**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GORDON CROSS**

Mailing Address **10619 N TRAILS EDGE DR**

City **PEORIA** State **IL** Zip Code **61615-8875**

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

Name of Employer **CIRA** Occupation **M.D.**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
M / D / Y  
**03 / 12 / 2014**

Transaction ID : **SA11.1364**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SHARON DELAWDER**

Mailing Address **429 E STONE AVE**

City **ADDISON** State **IL** Zip Code **60101-2995**

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

Name of Employer **SWD, INC** Occupation **SEMI RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M / D / Y  
**03 / 13 / 2014**

Transaction ID : **SA11.1451**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

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

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

**3350.00**

14020192129

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

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

FOR LINE NUMBER: PAGE 11 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial)  
**A. KORY DELGADO**

Mailing Address **7030 DU PAGE DRIVE**

City State Zip Code  
**DOWNERS GROVE IL 60517-1517**

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

Name of Employer Occupation  
**HOMEMAKER HOMEMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 08 2014**  
**Transaction ID : SA11.1237**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. STEVEN DITTMAR**

Mailing Address **410 WOODROW STREET**

City State Zip Code  
**WINNEBAGO IL 61088-8557**

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

Name of Employer Occupation  
**CHRYSLER TOOLMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 05 2014**  
**Transaction ID : SA11.1064**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. STEVEN DITTMAR**

Mailing Address **410 WOODROW STREET**

City State Zip Code  
**WINNEBAGO IL 61088-8557**

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

Name of Employer Occupation  
**CHRYSLER TOOLMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 08 2014**  
**Transaction ID : SA11.1169**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

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

**175.00**

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

14020192130

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN DITTMAR**

Mailing Address **410 WOODROW STREET**

City **WINNEBAGO** State **IL** Zip Code **61088-8557**

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

Name of Employer **CHRYSLER** Occupation **TOOLMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11.1327**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT A. DOBSKI**

Mailing Address **14 WORTHINGTON CT**

City **BLOOMINGTON** State **IL** Zip Code **61704-2794**

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

Name of Employer **MCDONALDS** Occupation **FRANCHISE OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 18 / 2014**

Transaction ID : **SA11.1693**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES EMME**

Mailing Address **2S190 STRATFORD ROAD**

City **GLEN ELLYN** State **IL** Zip Code **60137-6808**

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

Name of Employer **NOW FOODS** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **03 / 17 / 2014**

Transaction ID : **SA11.1671**

Amount of Each Receipt this Period  
**300.00**  
CONTRIBUTION

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

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

**850.00**

14020192131

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**MARY ALICE ERICKSON**

Mailing Address **6707 N GREENMONT ROAD**

City **PEORIA** State **IL** Zip Code **61614-2411**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2014**

Transaction ID : **SA11.1039**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

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

Mailing Address **80 S. ROYAL OAKS DR.**

City **BRISTOL** State **IL** Zip Code **60512-9705**

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

Name of Employer **MICRO SURFACE CORPORATION** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11.1016**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD FABISZAK**

Mailing Address **80 S. ROYAL OAKS DR.**

City **BRISTOL** State **IL** Zip Code **60512-9705**

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

Name of Employer **MICRO SURFACE CORPORATION** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 14 / 2014**

Transaction ID : **SA11.1522**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

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

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

**1500.00**

14020192132

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>ROBERT H FINCUTTER</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2014
Mailing Address 1010 HILLSIDE AVE.		Transaction ID : SA11.1175
City DEERFIELD	State IL	Zip Code 60015-2813
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation TEACHER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>TOM FOSTER</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2014
Mailing Address 1017 SUSSEX DR.		Transaction ID : SA11.1294
City NORTHBROOK	State IL	Zip Code 60062-3328
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer NIGHTINGALE-CONANT	Occupation WRITER / ANALYST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>TOM FOSTER</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2014
Mailing Address 1017 SUSSEX DR.		Transaction ID : SA11.982
City NORTHBROOK	State IL	Zip Code 60062-3328
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer NIGHTINGALE-CONANT	Occupation WRITER / ANALYST	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192133

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

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

FOR LINE NUMBER: PAGE 15 OF 89  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

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

Mailing Address **65 E. GOETHE**

City **CHICAGO** State **IL** Zip Code **60610-2628**

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

Name of Employer **SELF** Occupation **PRODUCER, DESIGNER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 31 / 2014**  
Transaction ID : **SA11.1712**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES GIBSON**

Mailing Address **435 SOUTH SCHOOL ST**

City **LOMBARD** State **IL** Zip Code **60148-3014**

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

Name of Employer **PROTIVITI** Occupation **CONSULTING**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 06 / 2014**  
Transaction ID : **SA11.1126**

Amount of Each Receipt this Period  
**1600.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LEIGH GIBSON**

Mailing Address **435 S. SCHOOL ST.**

City **LOMBARD** State **IL** Zip Code **60148-3014**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 06 / 2014**  
Transaction ID : **SA11.1125**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **6800.00**

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

14020192134

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

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

FOR LINE NUMBER: PAGE 16 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**MATTHEW GIBSON**

Mailing Address **4334 N BELL AVE**

City **CHICAGO** State **IL** Zip Code **60618-1610**

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

Name of Employer **SAP** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **03 / 05 / 2014**

Transaction ID : **SA11.1052**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

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

Mailing Address **4334 N BELL AVE**

City **CHICAGO** State **IL** Zip Code **60618-1610**

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

Name of Employer **SAP** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **03 / 14 / 2014**

Transaction ID : **SA11.1526**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MATTHEW GIBSON**

Mailing Address **4334 N BELL AVE**

City **CHICAGO** State **IL** Zip Code **60618-1610**

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

Name of Employer **SAP** Occupation **SALES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt **02 / 27 / 2014**

Transaction ID : **SA11.978**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

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

14020192135



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>RICKI GIERSCHE</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2014
Mailing Address 2315 FAIRFAX RD		Transaction ID : SA11.1228
City ST CHARLES	State IL	Zip Code 60174-5763
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00 CONTRIBUTION	
Name of Employer NA	Occupation HOMEMAKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>SAMUEL J GIRGIS</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 506 WENNES CT		Transaction ID : SA11.1600
City OAK BROOK	State IL	Zip Code 60523-2727
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer DRS GIRGIS AND ASSOCIATES	Occupation PHYSICIAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>GREGORY GUNDERSON</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2014
Mailing Address 7013 PENNER AVE		Transaction ID : SA11.1253
City DOWNERS GROVE	State IL	Zip Code 60516-3196
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer SELECT CHURCH INSURANCE SERVICES, IN	Occupation INSURANCE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192136

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

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

FOR LINE NUMBER: PAGE 18 OF 89  
(check only one)  
 11a 12   
 11b 13a   
 11c 13b   
 11d 14   
 15

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NAME OF COMMITTEE (in Full)  
**Americans for Doug Truax**

A. Full Name (Last, First, Middle Initial)  
**NAVRATAN GUPTA**

Mailing Address **1105 MIDWEST CLUB PKWY**

City State Zip Code  
**OAK BROOK IL 60523-2535**

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

Name of Employer Occupation  
**NAV CONSULTING GROUP CEO**

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2014**  
 Transaction ID : **SA11.1696**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**RICHARD J. GUZIOR**

Mailing Address **7 HORSESHOE LANE**

City State Zip Code  
**LEMONT IL 60439-9784**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 07 / 2014**  
 Transaction ID : **SA11.1156**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**ROBERT C. HALL**

Mailing Address **111 ELLINGTON DR**

City State Zip Code  
**PEORIA IL 61603-1001**

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

Name of Employer Occupation  
**MILLER, HALL & TRIGGS ATTORNEY**

Receipt For: 2014  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2014**  
 Transaction ID : **SA11.994**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1500.00**

14020192137

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>WILLARD HALL</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2014
Mailing Address 708 BLUFF CT		Transaction ID : SA11.1063
City BELVIDERE	State IL	Zip Code 61008-7835
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>WILLARD HALL</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2014
Mailing Address 708 BLUFF CT		Transaction ID : SA11.1181
City BELVIDERE	State IL	Zip Code 61008-7835
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>WILLARD HALL</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2014
Mailing Address 708 BLUFF CT		Transaction ID : SA11.970
City BELVIDERE	State IL	Zip Code 61008-7835
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192138

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES HALLENE**

Mailing Address **414 EAST 6TH**

City **HINSDALE** State **IL** Zip Code **60521-4654**

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

Name of Employer **CAPITAL CONCEPTS HOLDINGS, LLC** Occupation **PRIVATE EQUITY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 08 / 2014**

Transaction ID : **SA11.1159**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LAURA HANNAN**

Mailing Address **905 N HIGHLAND AVENUE**

City **ARLINGTON HEIGHTS** State **IL** Zip Code **60004-5519**

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

Name of Employer **UL LLC** Occupation **HR DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 16 / 2014**

Transaction ID : **SA11.1584**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KENT HAYWARD**

Mailing Address **2133 PLEASURE VIEW ROAD**

City **AURORA** State **IL** Zip Code **60506-5224**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 05 / 2014**

Transaction ID : **SA11.1071**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**1150.00**

14020192139

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**KENT HAYWARD**

Mailing Address **2133 PLEASURE VIEW ROAD**

City **AURORA** State **IL** Zip Code **60506-5224**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y  
**03 / 08 / 2014**

Transaction ID : **SA11.1204**

Amount of Each Receipt this Period  
**50.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DENIS HEALY**

Mailing Address **20 E. CEDAR STREET**

City **CHICAGO** State **IL** Zip Code **60611-1198**

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

Name of Employer **TURTLE WAX INC.** Occupation **CO-CHAIR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1065**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SHERRY HELLMUTH**

Mailing Address **8450 COUNTRY LANE**

City **DEKALB** State **IL** Zip Code **60115-8930**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1083**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

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

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

**650.00**

14020192140

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

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

FOR LINE NUMBER: (check only one)		PAGE 22 OF 89	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>SHERRY HELLMUTH</b>		Date of Receipt MM / DD / YYYY 03 / 11 / 2014	
Mailing Address <b>8450 COUNTRY LANE</b>		Transaction ID : <b>SA11.1346</b>	
City <b>DEKALB</b>	State <b>IL</b>	Zip Code <b>60115-8930</b>	Amount of Each Receipt this Period <b>50.00</b> CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>	Election Cycle-to-Date <b>250.00</b>		
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>MICHAEL HOFFMAN</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2014	
Mailing Address <b>3500 PROVENCE COURT</b>		Transaction ID : <b>SA11.1384</b>	
City <b>SAINT CHARLES</b>	State <b>IL</b>	Zip Code <b>60175-1091</b>	Amount of Each Receipt this Period <b>100.00</b> CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>	Election Cycle-to-Date <b>1100.00</b>		
Name of Employer <b>ELMHURST CLINIC</b>	Occupation <b>DOCTOR</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>HEIDI HUIZENGA</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2014	
Mailing Address <b>44 BAYBROOK LANE</b>		Transaction ID : <b>SA11.1658</b>	
City <b>OAK BROOK</b>	State <b>IL</b>	Zip Code <b>60523-1639</b>	Amount of Each Receipt this Period <b>1000.00</b> CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>	Election Cycle-to-Date <b>2000.00</b>		
Name of Employer <b>HUIZENGA CAPITAL MGMT</b>	Occupation <b>CONSULTANT</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020192141

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>HEIDI HUIZENGA</b>		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address <b>44 BAYBROOK LANE</b>		Transaction ID : <b>SA11.1659</b>
City <b>OAK BROOK</b>	State <b>IL</b>	Zip Code <b>60523-1639</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b> CONTRIBUTION	
Name of Employer <b>HUIZENGA CAPITAL MGMT</b>	Occupation <b>CONSULTANT</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>JOSEPH JENSEN</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address <b>9351 S HARDING AVE</b> <b>APT # 2</b>		Transaction ID : <b>SA11.1722</b>
City <b>EVERGREEN PARK</b>	State <b>IL</b>	Zip Code <b>60805-1846</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>12.00</b> CONTRIBUTION	
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>TRUCK DRIVER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>287.00</b>	

Full Name (Last, First, Middle Initial) <b>JOSEPH JENSEN</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address <b>9351 S HARDING AVE</b> <b>APT # 2</b>		Transaction ID : <b>SA11.992</b>
City <b>EVERGREEN PARK</b>	State <b>IL</b>	Zip Code <b>60805-1846</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>50.00</b> CONTRIBUTION	
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>TRUCK DRIVER</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>287.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1062.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020192142

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY JOGERST**

Mailing Address **508 S. WASHINGTON ST.**

City **LENA** State **IL** Zip Code **61048-9222**

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

Name of Employer **DANFOSS POWER SOLUTIONS** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 08 / 2014**

Transaction ID : **SA11.1248**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRENDA JOHNSON**

Mailing Address **P.O. BOX 10010**

City **PEORIA** State **IL** Zip Code **61612-0010**

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

Name of Employer **BJJ MANAGEMENT** Occupation **PRESIDENT/PRINCIPAL**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 12 / 2014**

Transaction ID : **SA11.1413**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFF JULKOWSKI**

Mailing Address **395 21ST AVE. SOUTH**

City **NAPLES** State **FL** Zip Code **34102-7603**

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

Name of Employer **EDIA LLC** Occupation **PRESIDENT & CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 12 / 2014**

Transaction ID : **SA11.1429**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**1750.00**

14020192143



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY KARASEK**

Mailing Address **1124 WOODVIEW ROAD**

City **BURR RIDGE** State **IL** Zip Code **60527-4853**

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

Name of Employer **WINTRUST FINANCIAL CORP.** Occupation **HR MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1085**

Amount of Each Receipt this Period  
**200.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MAUREEN KAUFMAN**

Mailing Address **6701 SWEETBRIAR LN**

City **DARIEN** State **IL** Zip Code **60561-3675**

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

Name of Employer **CUT ABOVE LANDSCAPING** Occupation **OFFICE MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 13 / 2014**

Transaction ID : **SA11.1489**

Amount of Each Receipt this Period  
**25.00**  
CONTRIBUTION

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

Mailing Address **111 W JACKSON #810**

City **CHICAGO** State **IL** Zip Code **60604-4128**

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

Name of Employer **KEELEY ASSET MGMT CORP.** Occupation **PRESIDENT & CIO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 17 / 2014**

Transaction ID : **SA11.1639**

Amount of Each Receipt this Period  
**1200.00**  
CONTRIBUTION

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

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

**1425.00**

14020192144

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

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

FOR LINE NUMBER: PAGE 26 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID KILLPACK**

Mailing Address **347 RUBY STREET**

City **CLARENDON HILLS** State **IL** Zip Code **60514-1316**

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

Name of Employer **WINTRUST COMMERCIAL BANKING** Occupation **COMMERCIAL BANKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1053**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RUTH KNIPMEYER**

Mailing Address **3111 HERITAGE OAKS LN**

City **OAK BROOK** State **IL** Zip Code **60523-2549**

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

Name of Employer **NOT APPLICABLE** Occupation **HOUSEWIFE**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 03 / 2014**

Transaction ID : **SA11.1033**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NORMAN A. KOGLIN**

Mailing Address **1555 ASTOR STREET 30W**

City **CHICAGO** State **IL** Zip Code **60610-5772**

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

Name of Employer **RETIRED** Occupation **ARCHITECT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 08 / 2014**

Transaction ID : **SA11.1198**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1500.00**

14020192145

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL KRUEGER**

Mailing Address **908 WHITE OAK DRIVE**

City **NORTH AURORA** State **IL** Zip Code **60542-8961**

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

Name of Employer **PLATINUM HEALTH CARE CONSULTANTS** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 09 / 2014**

Transaction ID : **SA11.1273**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CAROL KRUEGER**

Mailing Address **908 WHITE OAK DRIVE**

City **NORTH AURORA** State **IL** Zip Code **60542-8961**

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

Name of Employer **PLATINUM HEALTH CARE CONSULTANTS** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

Transaction ID : **SA11.1624**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM C. KUNKLER**

Mailing Address **1500 N. LAKE SHORE DRIVE**

City **CHICAGO** State **IL** Zip Code **60610-6686**

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

Name of Employer **CC INDUSTRIES INC.** Occupation **EXECUTIVE VP**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

Transaction ID : **SA11.1468**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

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

**2350.00**

14020192146

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE LEARY**

Mailing Address **202 DOUGLAS AVE #3C**

City **CHARLOTTESVILLE** State **VA** Zip Code **22902-5775**

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

Name of Employer **NA** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 13 / 2014**

Transaction ID : **SA11.1459**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VIRGIL LENZI**

Mailing Address **6416 N FOX CHAPEL TRL**

City **EDWARDS** State **IL** Zip Code **61528-9622**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11.988**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARC LEVINE**

Mailing Address **905 GREENLEAF AVENUE**

City **WILMETTE** State **IL** Zip Code **60091-2704**

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

Name of Employer **ML CAPITAL** Occupation **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 MM / DD / YYYY  
**03 / 08 / 2014**

Transaction ID : **SA11.1229**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1750.00**

14020192147

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

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

FOR LINE NUMBER: PAGE 29 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID LEWANDOWSKI**

Mailing Address **16W211 S. FRONTAGE ROAD**

City **BURR RIDGE** State **IL** Zip Code **60527-5803**

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

Name of Employer **MIDWEST PROMOTIONAL GROUP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt **03 / 06 / 2014**  
Transaction ID : **SA11.1116**

Amount of Each Receipt this Period  
**400.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFF LOUGHEAD**

Mailing Address **8821 ROYAL SWAN LANE**

City **DARIEN** State **IL** Zip Code **60561-8432**

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

Name of Employer **LURIE CHILDRENS HOSPITAL** Occupation **M.D.**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt **03 / 04 / 2014**  
Transaction ID : **SA11.1035**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD LOUIS**

Mailing Address **645 N. WREN AVE**

City **PALATINE** State **IL** Zip Code **60067-3544**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt **03 / 06 / 2014**  
Transaction ID : **SA11.1121**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1500.00**

**TOTAL** This Period (last page this line number only)..... **1500.00**

14020192148

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

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

FOR LINE NUMBER: PAGE 30 OF 89  
(check only one)

11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**MARY ANN MACLEAN**

Mailing Address **15330 OLD SCHOOL ROAD**

City **METTAWA** State **IL** Zip Code **60048-9661**

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

Name of Employer **MACCLEAN-FOGG COMPANY** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11.995**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT MALOTT**

Mailing Address **200 EAST RANDOLPH DRIVE**

City **CHICAGO** State **IL** Zip Code **60601-6436**

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

Name of Employer **NOT APPLICABLE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 10 / 2014**

Transaction ID : **SA11.1319**

Amount of Each Receipt this Period  
**5000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT MALOTT**

Mailing Address **200 EAST RANDOLPH DRIVE**

City **CHICAGO** State **IL** Zip Code **60601-6436**

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

Name of Employer **NOT APPLICABLE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 15 / 2014**

Transaction ID : **SA11.1319B**

Amount of Each Receipt this Period  
**-2400.00**  
CONTRIBUTION

**[MEMO ITEM]**  
**REDESIGNATION TO GENERAL**

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

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

**7500.00**

14020192149

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

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

FOR LINE NUMBER: PAGE 31 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT MALOTT**

Mailing Address **200 EAST RANDOLPH DRIVE**

City **CHICAGO** State **IL** Zip Code **60601-6436**

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

Name of Employer **NOT APPLICABLE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11.1716**

Amount of Each Receipt this Period **2400.00**

CONTRIBUTION

**[MEMO ITEM]  
SEE REATTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT MALOTT**

Mailing Address **200 EAST RANDOLPH DRIVE**

City **CHICAGO** State **IL** Zip Code **60601-6436**

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

Name of Employer **NOT APPLICABLE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11.1716B**

Amount of Each Receipt this Period **-2400.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION TO SPOUSE**

**C.** Full Name (Last, First, Middle Initial)  
**ROZANNE MALOTT**

Mailing Address **200 EAST RANDOLPH DRIVE**

City **CHICAGO** State **IL** Zip Code **60601-**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **SA11.1739**

Amount of Each Receipt this Period **2400.00**

CONTRIBUTION

**[MEMO ITEM]  
REATTRIBUTION FROM SPOUSE**

**SUBTOTAL** of Receipts This Page (optional)..... **0.00**

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

14020192150

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. PETER MCCABE</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 907 S. ADAMS ST.		Transaction ID : SA11.1030
City HINSDALE	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION
Name of Employer WINSTON & STRAWN	Occupation ATTORNEY	Election Cycle-to-Date 1250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. MARK MCCOY</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2014
Mailing Address 201 RONNIE CT		Transaction ID : SA11.1109
City MYRTLE BEACH	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer DENTISTRY AT CAROLINA FOREST	Occupation DENTIST	Election Cycle-to-Date 2100.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL MCCULLOUGH</b>		Date of Receipt MM / DD / YYYY 03 / 07 / 2014
Mailing Address 4321 LESLIE LANE		Transaction ID : SA11.1148
City DECATUR	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00 CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 225.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192151



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

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

FOR LINE NUMBER: PAGE 33 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL MCCULLOUGH**

Mailing Address **4321 LESLIE LANE**

City **DECATUR** State **IL** Zip Code **62526-1101**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
**03 / 09 / 2014**

Transaction ID : **SA11.1283**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL MCCULLOUGH**

Mailing Address **4321 LESLIE LANE**

City **DECATUR** State **IL** Zip Code **62526-1101**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
**03 / 13 / 2014**

Transaction ID : **SA11.1472**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DEAN A. MEFFORD**

Mailing Address **617 S. GARFIELD**

City **HINSDALE** State **IL** Zip Code **60521-4422**

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

Name of Employer **MEFFORD CONSULTING** Occupation **OWNER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**03 / 07 / 2014**

Transaction ID : **SA11.1165**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**700.00**  
**700.00**

14020192152

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

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

FOR LINE NUMBER: PAGE 34 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**BRENT MONROE**

Mailing Address **3609 BONANZA LANE**

City **FLOWER MOUND** State **TX** Zip Code **75022-2841**

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

Name of Employer **GULFSTREAM AEROSPACE** Occupation **VP, SALES**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 06 / 2014**

Transaction ID : **SA11.1114**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN MORRIS**

Mailing Address **PO BOX 734**

City **ROBINSON** State **IL** Zip Code **62454-0734**

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

Name of Employer **HEALTH INVESTMENT CAPITAL** Occupation **SELF EMPLOYED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 11 / 2014**

Transaction ID : **SA11.1410**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN MULLARKEY**

Mailing Address **4931 CENTRAL AVE.**

City **WESTERN SPRINGS** State **IL** Zip Code **60558-1706**

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

Name of Employer **MULLARKEY ASSOC., INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 09 / 2014**

Transaction ID : **SA11.1303**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

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

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

**2250.00**

**2250.00**

14020192153

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

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

FOR LINE NUMBER: PAGE 35 OF 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**STEVE MURRILL**

Mailing Address **1932 KENILWORTH AVE**

City **WILMETTE** State **IL** Zip Code **60091-1518**

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

Name of Employer **PROFILE PLASTICS** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11.1308**

Amount of Each Receipt this Period  
**1000.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN MUSSO**

Mailing Address **242 EAST THIRD STREET**

City **HINSDALE** State **IL** Zip Code **60521-4221**

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

Name of Employer **SELF** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 17 / 2014**

Transaction ID : **SA11.1615**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ZACH MUSSO**

Mailing Address **242 E. 3RD ST.**

City **HINSDALE** State **IL** Zip Code **60521-4221**

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

Name of Employer **PROMUS HOLDINGS, LLC** Occupation **FINANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt **03 / 06 / 2014**

Transaction ID : **SA11.1127**

Amount of Each Receipt this Period  
**2400.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **3650.00**

**TOTAL** This Period (last page this line number only)..... **3650.00**

14020192154

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**RAYMOND NELSON**

Mailing Address **37W876 TANGLEWOOD DR**

City **BATAVIA** State **IL** Zip Code **60510-9516**

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

Name of Employer **RJ NELSON ENTERPRISES LTD** Occupation **RESTAURANT OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 15 / 2014**

Transaction ID : **SA11.1559**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THO NGUYEN**

Mailing Address **3912 HILLWOOD WAY**

City **BEDFORD** State **TX** Zip Code **76021-2527**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

Transaction ID : **SA11.1673**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP R. O'CONNOR, PH.D.**

Mailing Address **53 WEST JACKSON BLVD. #1115**

City **CHICAGO** State **IL** Zip Code **60604-3566**

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

Name of Employer **PROACTIVE STRATEGIES, INC.** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

Transaction ID : **SA11.1432**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1250.00**

14020192155

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

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

FOR LINE NUMBER: (check only one)		PAGE 37 OF 89	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>MARY M. OLSEN</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2014	
Mailing Address 5220 S. BLACKSTONE AVE.		Transaction ID : SA11.1279	
City CHICAGO	State IL	Zip Code 60615-4299	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer NA	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>MARY M. OLSEN</b>		Date of Receipt MM / DD / YYYY 03 / 14 / 2014	
Mailing Address 5220 S. BLACKSTONE AVE.		Transaction ID : SA11.1503	
City CHICAGO	State IL	Zip Code 60615-4299	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer NA	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>BRUCE PARADISE</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2014	
Mailing Address 0 N 440 PETER RD		Transaction ID : SA11.1590	
City WINFIELD	State IL	Zip Code 60190-	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020192156

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

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

FOR LINE NUMBER: PAGE 38 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL PAVOLIC**

Mailing Address **41297 DUTTON COURT**

City **WATERFORD** State **VA** Zip Code **20197-1288**

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

Name of Employer **P2 COMMUNICATIONS MANAGEMENT** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

Transaction ID : **SA11.1338**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT PITCHER**

Mailing Address **402 BRYN MEADOWS**

City **SOUTHLAKE** State **TX** Zip Code **76092-9405**

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

Name of Employer **GREEN HARBOR GROUP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 08 / 2014**

Transaction ID : **SA11.1240**

Amount of Each Receipt this Period  
**2600.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AL P. POWERS**

Mailing Address **3N253 LORETTA DR.**

City **ST. CHARLES** State **IL** Zip Code **60175-7609**

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

Name of Employer **NOW HEALTH GROUP** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

Transaction ID : **SA11.1411**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**3100.00**

14020192157

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY PRUSS**

Mailing Address **61 WINDSOR DRIVE**

City **OAK BROOK** State **IL** Zip Code **60523-2346**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 10 / 2014**

Transaction ID : **SA11.1332**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALEXANDRA RANSBURG**

Mailing Address **509 E. HIGH POINT RD**

City **PEORIA** State **IL** Zip Code **61614-2238**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2014**

Transaction ID : **SA11.1040**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID P. RANSBURG**

Mailing Address **509 E. HIGH POINT RD**

City **PEORIA** State **IL** Zip Code **61614-2238**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2014**

Transaction ID : **SA11.1038**

Amount of Each Receipt this Period  
**2600.00**  
CONTRIBUTION

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

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

**5700.00**

14020192158

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 89
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. ALBERT REYNOLDS</b>		Date of Receipt MM / DD / YYYY 03 / 05 / 2014
Mailing Address 1005 BURGA LOOP		Transaction ID : SA11.1080
City CHULA VISTA	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer RETIRED	Occupation CAPT, JAGC, USN (RET.)	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN RIPPINGER</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2014
Mailing Address 1492 BURBERRY LANE		Transaction ID : SA11.969
City SCHAUMBURG	State IL	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00 CONTRIBUTION
Name of Employer RIPPINGER FINANCIAL GROUP, INC.	Occupation INSURANCE SALES	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. TOM ROWLAND</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2014
Mailing Address 6279 MERIT CLUB LANE		Transaction ID : SA11.1202
City LIBERTYVILLE	State IL	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00 CONTRIBUTION
Name of Employer NATIONAL CHRISTIAN FOUNDATION	Occupation FOUNDATION EXECUTIVE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	450.00

14020192159



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

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

FOR LINE NUMBER:		PAGE 41 OF 89	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT RYAN**

Mailing Address **2026 N NEWCASTLE AVENUE**

City **CHICAGO** State **IL** Zip Code **60707-3332**

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

Name of Employer **TRANSUNION LLC** Occupation **VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **374.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 15 / 2014**

Transaction ID : **SA11.1541**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT RYAN**

Mailing Address **2026 N NEWCASTLE AVENUE**

City **CHICAGO** State **IL** Zip Code **60707-3332**

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

Name of Employer **TRANSUNION LLC** Occupation **VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **374.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**02 / 28 / 2014**

Transaction ID : **SA11.989**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES SAPORITO JR**

Mailing Address **99 BRIARWOOD CIRCLE**

City **OAK BROOK** State **IL** Zip Code **60523-8711**

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

Name of Employer **ITRON CORP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1105**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**575.00**

14020192160

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City State Zip Code  
BEL AIR MD 21015-1727

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

Name of Employer Occupation  
C&S WHOLESALE GROCERS, INC. AUDITOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**362.76**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 02 2014**

Transaction ID : **SA11.1027**

Amount of Each Receipt this Period  
**10.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City State Zip Code  
BEL AIR MD 21015-1727

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

Name of Employer Occupation  
C&S WHOLESALE GROCERS, INC. AUDITOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**362.76**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 04 2014**

Transaction ID : **SA11.1045**

Amount of Each Receipt this Period  
**10.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City State Zip Code  
BEL AIR MD 21015-1727

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

Name of Employer Occupation  
C&S WHOLESALE GROCERS, INC. AUDITOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**362.76**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 05 2014**

Transaction ID : **SA11.1098**

Amount of Each Receipt this Period  
**15.00**  
CONTRIBUTION

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

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

**35.00**

14020192161

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

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

FOR LINE NUMBER: PAGE 43 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City State Zip Code  
BEL AIR MD 21015-1727

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
C&S WHOLESALE GROCERS, INC. AUDITOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2014

Transaction ID : SA11.1107

Amount of Each Receipt this Period  
  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City State Zip Code  
BEL AIR MD 21015-1727

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
C&S WHOLESALE GROCERS, INC. AUDITOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2014

Transaction ID : SA11.1143

Amount of Each Receipt this Period  
  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City State Zip Code  
BEL AIR MD 21015-1727

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
C&S WHOLESALE GROCERS, INC. AUDITOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2014

Transaction ID : SA11.1215

Amount of Each Receipt this Period  
  
CONTRIBUTION

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

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

14020192162

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 89	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City	State	Zip Code
BEL AIR	MD	21015-1727

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

Name of Employer	Occupation
C&S WHOLESALE GROCERS, INC.	AUDITOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**362.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

Transaction ID : **SA11.1329**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATHAN SAUERBORN**

Mailing Address 2306 FACULTY CT.

City	State	Zip Code
BEL AIR	MD	21015-1727

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

Name of Employer	Occupation
C&S WHOLESALE GROCERS, INC.	AUDITOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**362.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 11 / 2014**

Transaction ID : **SA11.1357**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TOM SCHANCK**

Mailing Address 38 CROYDON LANE

City	State	Zip Code
OAK BROOK	IL	60523-2325

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

Name of Employer	Occupation
ITW	VICE CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2014**

Transaction ID : **SA11.1140**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**650.00**

14020192163

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

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

FOR LINE NUMBER: PAGE 45 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**AMY SCHELICH**

Mailing Address **39W250 FORBES DRIVE**

City **GENEVA** State **IL** Zip Code **60134-6029**

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

Name of Employer **HOME** Occupation **HOMEMAKER/ARTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 08 / 2014**

Transaction ID : **SA11.1242**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JASON SCHMIDT**

Mailing Address **913 CARLA DR**

City **TROY** State **IL** Zip Code **62294-3153**

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

Name of Employer **PROGRESSIVE VOICE & DATA, INC.** Occupation **TELECOMMUNICATIONS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 05 / 2014**

Transaction ID ; **SA11.1068**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JASON SCHMIDT**

Mailing Address **913 CARLA DR**

City **TROY** State **IL** Zip Code **62294-3153**

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

Name of Employer **PROGRESSIVE VOICE & DATA, INC.** Occupation **TELECOMMUNICATIONS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**02 / 27 / 2014**

Transaction ID : **SA11.968**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**300.00**

**300.00**

14020192164

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

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

FOR LINE NUMBER: PAGE 46 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**REBECCA SCHUMACHER**

Mailing Address **4606 DOUGLAS RD.**

City **DOWNERS GROVE** State **IL** Zip Code **60515-3030**

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

Name of Employer **SELF** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : **SA11.1486**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER SHERRY**

Mailing Address **1280 CANDLEWOOD COURT**

City **DOWNERS GROVE** State **IL** Zip Code **60515-1400**

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

Name of Employer **SAF-T-LOK INTERNATIONAL** Occupation **MANAGEMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1130.00**

Date of Receipt **03 / 12 / 2014**

Transaction ID : **SA11.1737**

Amount of Each Receipt this Period  
**130.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD C. SLAYTON**

Mailing Address **325 MEADOW LAKE LANE**

City **LAKE FOREST** State **IL** Zip Code **60045-4803**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt **03 / 05 / 2014**

Transaction ID : **SA11.1060**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

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

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

**630.00**

14020192165

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**SHEILA SMITH**

Mailing Address **34620 CLAYTON RD**

City **DADE CITY** State **FL** Zip Code **33523-6274**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1103**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOAN STADE**

Mailing Address **60 BAYBROOK LN**

City **OAK BROOK** State **IL** Zip Code **60523-1640**

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

Name of Employer **USO BOARD** Occupation **TREASURER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2014**

Transaction ID : **SA11.1676**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JIM STEPHEN**

Mailing Address **50 SOUTH DERBYSHIRE LANE**

City **ARLINGTON HEIGHTS** State **IL** Zip Code **60004-6302**

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

Name of Employer **WEBER STEPHEN PRO. LLC** Occupation **BUSINESSMAN**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2014**

Transaction ID : **SA11.1666**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1025.00**

14020192166

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

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

FOR LINE NUMBER: PAGE 48 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**ROGER STODDARD**

Mailing Address **3157 SHELBURNE DR**

City **ROCKFORD** State **IL** Zip Code **61109-2861**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2014**

Transaction ID : **SA11.1075**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROGER STODDARD**

Mailing Address **3157 SHELBURNE DR**

City **ROCKFORD** State **IL** Zip Code **61109-2861**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 08 / 2014**

Transaction ID : **SA11.1185**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ADOLPH SVEC**

Mailing Address **19009 RIVER ROAD**

City **MARENGO** State **IL** Zip Code **60152-8500**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2014**

Transaction ID : **SA11.1369**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

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

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

**450.00**

14020192167



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>DOROTHY SWANSON</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 13940 S TEAKWOOD		Transaction ID : SA11.1378
City HOMER GLEN	State IL	Zip Code 60491-8652
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer FLEX EXECS MANAGEMENT SOLUTION	Occupation RECRUITER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>STEVEN TOWBIN</b>		Date of Receipt MM / DD / YYYY 02 / 27 / 2014
Mailing Address 975 PINE TREE LANE		Transaction ID : SA11.977
City WINNETKA	State IL	Zip Code 60093-1324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer SHAW FISHMAN GLANTZ & TOWBIN LLC	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JIM TRACY</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 1628 FIELDSTONE		Transaction ID : SA11.1417
City QUINCY	State IL	Zip Code 62305-6699
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer DOT FOODS	Occupation BUSINESSMAN	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020192168

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**ROCH TRANEL, CFP**

Mailing Address **1010 SANDSTONE DRIVE**

City **LIBERTYVILLE** State **IL** Zip Code **60048-1679**

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

Name of Employer **THE TRANEL FINANCIAL GROUP** Occupation **PRES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 04 / 2014**

Transaction ID : **SA11.1036**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CAROL A. TRUMPE**

Mailing Address **6904 CHALLACOMBE RD**

City **EDWARDS** State **IL** Zip Code **61528-9533**

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

Name of Employer **PEORIA COUNTY** Occupation **CTY BOARD MEMBER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**03 / 07 / 2014**

Transaction ID : **SA11.1152**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **15422 ROSEMONT MANOR DR**

City **HAYMARKET** State **VA** Zip Code **20169-6240**

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

Name of Employer **CAMPAIGN SOLUTIONS, INC.** Occupation **DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y  
**02 / 28 / 2014**

Transaction ID : **SA11.1000**

Amount of Each Receipt this Period  
**-25.00**  
 CONTRIBUTION

**CHARGED BACK**

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

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

**725.00**

14020192169

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 15422 ROSEMONT MANOR DR		Transaction ID : SA11.1001
City HAYMARKET	State VA	Zip Code 20169-6240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1.00 CONTRIBUTION
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CHARGED BACK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST		Transaction ID : SA11.1002
City ALEXANDRIA	State VA	Zip Code 22314-3109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1.00 CONTRIBUTION
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CHARGED BACK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST		Transaction ID : SA11.1003
City ALEXANDRIA	State VA	Zip Code 22314-3109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1.00 CONTRIBUTION
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CHARGED BACK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

SUBTOTAL of Receipts This Page (optional) .....	-3.00
TOTAL This Period (last page this line number only) .....	

14020192170

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 52 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>			Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST			Transaction ID : SA11.1004
City ALEXANDRIA	State VA	Zip Code 22314-3109	Amount of Each Receipt this Period CONTRIBUTION -1.00
FEC ID number of contributing federal political committee. C	Occupation DEVELOPER		CHARGED BACK
Name of Employer CAMPAIGN SOLUTIONS, INC.	Election Cycle-to-Date 0.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>			Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST			Transaction ID : SA11.1005
City ALEXANDRIA	State VA	Zip Code 22314-3109	Amount of Each Receipt this Period CONTRIBUTION -1.00
FEC ID number of contributing federal political committee. C	Occupation DEVELOPER		CHARGED BACK
Name of Employer CAMPAIGN SOLUTIONS, INC.	Election Cycle-to-Date 0.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>			Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST			Transaction ID : SA11.1006
City ALEXANDRIA	State VA	Zip Code 22314-3109	Amount of Each Receipt this Period CONTRIBUTION -1.00
FEC ID number of contributing federal political committee. C	Occupation DEVELOPER		CHARGED BACK
Name of Employer CAMPAIGN SOLUTIONS, INC.	Election Cycle-to-Date 0.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	-3.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192171

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST		Transaction ID : SA11.1007
City ALEXANDRIA	State VA	Zip Code 22314-3109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -1.00 CONTRIBUTION	
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CHARGED BACK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST		Transaction ID : SA11.1008
City ALEXANDRIA	State VA	Zip Code 22314-3109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -1.00 CONTRIBUTION	
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CHARGED BACK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST		Transaction ID : SA11.1009
City ALEXANDRIA	State VA	Zip Code 22314-3109
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -1.00 CONTRIBUTION	
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CHARGED BACK
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	-3.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192172

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

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

FOR LINE NUMBER: PAGE 54 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **117 N SAINT ASAPH ST**

City State Zip Code  
**ALEXANDRIA VA 22314-3109**

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

Name of Employer Occupation  
**CAMPAIGN SOLUTIONS, INC. DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **0.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11.1010**

Amount of Each Receipt this Period  
**-1.00**

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **117 N SAINT ASAPH ST**

City State Zip Code  
**ALEXANDRIA VA 22314-3109**

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

Name of Employer Occupation  
**CAMPAIGN SOLUTIONS, INC. DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **0.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11.1011**

Amount of Each Receipt this Period  
**-1.00**

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **117 N SAINT ASAPH ST**

City State Zip Code  
**ALEXANDRIA VA 22314-3109**

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

Name of Employer Occupation  
**CAMPAIGN SOLUTIONS, INC. DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **0.00**

Date of Receipt  
 MM / DD / YYYY  
**02 / 28 / 2014**

Transaction ID : **SA11.1012**

Amount of Each Receipt this Period  
**-25.00**

CONTRIBUTION

CHARGED BACK

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

**-27.00**

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

14020192173

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

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

FOR LINE NUMBER: PAGE 55 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **117 N SAINT ASAPH ST**

City **ALEXANDRIA** State **VA** Zip Code **22314-3109**

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

Name of Employer **CAMPAIGN SOLUTIONS, INC.** Occupation **DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : **SA11.1013**

Amount of Each Receipt this Period  
**-1.00**  
 CONTRIBUTION

**CHARGED BACK**

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **15422 ROSEMONT MANOR DR**

City **HAYMARKET** State **VA** Zip Code **20169-6240**

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

Name of Employer **CAMPAIGN SOLUTIONS, INC.** Occupation **DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : **SA11.997**

Amount of Each Receipt this Period  
**-25.00**  
 CONTRIBUTION

**CHARGED BACK**

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL ULFE**

Mailing Address **15422 ROSEMONT MANOR DR**

City **HAYMARKET** State **VA** Zip Code **20169-6240**

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

Name of Employer **CAMPAIGN SOLUTIONS, INC.** Occupation **DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : **SA11.998**

Amount of Each Receipt this Period  
**-25.00**  
 CONTRIBUTION

**CHARGED BACK**

**SUBTOTAL** of Receipts This Page (optional)..... **-51.00**

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

14020192174

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 89
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>DANIEL ULFE</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address 15422 ROSEMONT MANOR DR		Transaction ID : SA11.999
City HAYMARKET	State VA	Zip Code 20169-6240
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -25.00	
Name of Employer CAMPAIGN SOLUTIONS, INC.	Occupation DEVELOPER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	CHARGED BACK

Full Name (Last, First, Middle Initial) <b>SCOTT UPP</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2014
Mailing Address 340 FOREST RD		Transaction ID : SA11.1565
City HINSDALE	State IL	Zip Code 60521-3718
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer COSOURCING PARTNERS	Occupation INFORMATION TECHNOLOGY	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>EUGENE USECHEK</b>		Date of Receipt MM / DD / YYYY 03 / 01 / 2014
Mailing Address 106 CARROL RD		Transaction ID : SA11.1020
City ST. CHARLES	State IL	Zip Code 60174-5510
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer JPMORGAN CHASE	Occupation BANKER	CONTRIBUTION
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192175



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>WILLIAM VALA</b>		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 1275 GEARY RD		Transaction ID : SA11.1389
City CANTRALL	State IL	Zip Code 62625-8874
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer CCSI	Occupation BUSINESS OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>DAN VANDERMOLEN</b>		Date of Receipt MM / DD / YYYY 03 / 08 / 2014
Mailing Address 156 LAWDALE AVE.		Transaction ID : SA11.1211
City ELMHURST	State IL	Zip Code 60126-3524
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF EMPLOYEED	Occupation CONTRACTOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>PETER VEXTER</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2014
Mailing Address 245 HUDSON AVE		Transaction ID : SA11.1479
City CLARENDON HILLS	State IL	Zip Code 60514-1329
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer ALLIANT INSURANCE SERVICES, INC.	Occupation INSURANCE BROKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192176

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

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

FOR LINE NUMBER: PAGE 58 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial)  
**A. JAY R. VONACHEN**

Mailing Address **PO BOX 3860**

City State Zip Code  
**PEORIA IL 61612-3860**

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

Name of Employer Occupation  
**VONACHEN SERVICES INC. PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2014**

Transaction ID : **SA11.1043**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JAY R. VONACHEN**

Mailing Address **PO BOX 3860**

City State Zip Code  
**PEORIA IL 61612-3860**

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

Name of Employer Occupation  
**VONACHEN SERVICES INC. PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 06 / 2014**

Transaction ID : **SA11.1144**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THOMAS WALSH**

Mailing Address **3803 DILLON CT.**

City State Zip Code  
**DOWNERS GROVE IL 60515-1510**

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

Name of Employer Occupation  
**TW GROUP, INC. INSURANCE & FINANCIAL SERVICES**

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2014**

Transaction ID : **SA11.1575**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

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

**625.00**

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

14020192177

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

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

FOR LINE NUMBER: PAGE 59 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN J. WANNEMACHER**

Mailing Address **23 MONARCH DR.**

City **BLOOMINGTON** State **IL** Zip Code **61704-9092**

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

Name of Employer **HERITAGE ENTERPRISES INC.** Occupation **VICE CHAIRMAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 11 / 2014**

Transaction ID : **SA11.1404**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN WATTS**

Mailing Address **222 W WALNUT**

City **HINSDALE** State **IL** Zip Code **60521-3328**

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

Name of Employer **FIFTH THIRD BANK** Occupation **COMMERCIAL BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 06 / 2014**

Transaction ID : **SA11.1113**

Amount of Each Receipt this Period  
**200.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD E WEICHER**

Mailing Address **537 N EUCLID AVE**

City **OAK PARK** State **IL** Zip Code **60302-1617**

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

Name of Employer **BNSF RY** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **03 / 13 / 2014**

Transaction ID : **SA11.1423**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **950.00**

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

14020192178

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

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

FOR LINE NUMBER: PAGE 60 OF 89  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**M ELIZABETH WEISS**

Mailing Address **1304 HAWTHORNE LANE**

City **HINSDALE** State **IL** Zip Code **60521-2956**

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

Name of Employer **HAWTHORNE RANCH** Occupation **FRUITRANCHER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 17 / 2014**  
Transaction ID : **SA11.1625**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW WELLS**

Mailing Address **320 HAMBLETONIAN DR**

City **OAK BROOK** State **IL** Zip Code **60523-2620**

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

Name of Employer **NORMANDY REMODELING** Occupation **BUILDER**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt **03 / 08 / 2014**  
Transaction ID : **SA11.1190**

Amount of Each Receipt this Period  
**250.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN WERNER**

Mailing Address **11531 S. NEENAH**

City **WORTH** State **IL** Zip Code **60482-2321**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **03 / 08 / 2014**  
Transaction ID : **SA11.1258**

Amount of Each Receipt this Period  
**100.00**  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**

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

14020192179

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

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

FOR LINE NUMBER: PAGE 61 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM ZIEBELL**

Mailing Address **817 ELK COURT**

City **WHEATON** State **IL** Zip Code **60189-8174**

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

Name of Employer **ARTHUR J. GALLAGHER & CO.** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 10 / 2014**

Transaction ID : **SA11.1316**

Amount of Each Receipt this Period  
**500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK ZILIS**

Mailing Address **50 WAVERLY AVENUE**

City **CLARENDON HILLS** State **IL** Zip Code **60514-1237**

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

Name of Employer **HOMETOWN AMERICA** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **03 / 11 / 2014**

Transaction ID : **SA11.1355**

Amount of Each Receipt this Period  
**200.00**  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**

**TOTAL** This Period (last page this line number only)..... **79785.00**

14020192180

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

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

FOR LINE NUMBER: PAGE 62 OF 89  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A.** Full Name (Last, First, Middle Initial)  
**FEDERAL PAC**

Mailing Address **40 COMMERCE DR**

City **LEBANON** State **IL** Zip Code **62254-2541**

FEC ID number of contributing federal political committee. **C00516088**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

Transaction ID : **SA11.1697**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**1000.00**

**1000.00**

14020192181

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 89	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>DOUGLAS TRUAX</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address <b>1264 CANDLEWOOD COURT</b>		Transaction ID : <b>SA11.1740</b>
City <b>DOWNERS GROVE</b>	State <b>IL</b>	Zip Code <b>60515-1400</b>
FEC ID number of contributing federal political committee.	<b>C</b> <b>S4IL00438</b>	Amount of Each Receipt this Period <b>3000.00</b>
Name of Employer <b>VERITAS RISK SERVICES</b>	Occupation <b>OWNER</b>	<b>CONTRIBUTION</b>
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>3145.00</b>	<b>CANDIDATE DONATION TO RETIRE DEBT</b>

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>

14020192182

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 89
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. DENISE BURESCH</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 1109 SAYLOR ST		Amount of Each Disbursement this Period 458.50 Transaction ID : SB17.I357
City DOWNS GROVE	State IL	
Zip Code 60516	Purpose of Disbursement PAYROLL SVC	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DENISE BURESCH</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 1109 SAYLOR ST		Amount of Each Disbursement this Period 458.50 Transaction ID : SB17.I358
City DOWNS GROVE	State IL	
Zip Code 60516	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JAMES R FUCHS</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 3 IRONWOOD CT		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I371
City STREAMWOOD	State IL	
Zip Code 60104	Purpose of Disbursement LIST RENTAL	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1917.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192183



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. SHERRY GASKILL</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 507 FALMORE LANE		Amount of Each Disbursement this Period 849.99	
City BOLINGBROOK	State IL	Zip Code 60440	Transaction ID : <b>SB17.I395</b>
Purpose of Disbursement PAYROLL	Category/ Type 001		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. SHERRY GASKILL</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014	
Mailing Address 507 FALMORE LANE		Amount of Each Disbursement this Period 849.99	
City BOLINGBROOK	State IL	Zip Code 60440	Transaction ID : <b>SB17.I396</b>
Purpose of Disbursement PAYROLL	Category/ Type 001		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN GRISKO</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 5416 LAWN		Amount of Each Disbursement this Period 1751.37	
City WESTERN SPRINGS	State IL	Zip Code 60558	Transaction ID : <b>SB17.I399</b>
Purpose of Disbursement PAYROLL	Category/ Type 001		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3451.35
<b>TOTAL</b> This Period (last page this line number only).....	

14020192184

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 89
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN GRISKO</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 5416 LAWN		Amount of Each Disbursement this Period 1751.37 Transaction ID : SB17.I400
City WESTERN SPRINGS	State IL	
Zip Code 60558	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. STEPHEN GRISKO</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 5416 LAWN		Amount of Each Disbursement this Period 1751.37 Transaction ID : SB17.I414
City WESTERN SPRINGS	State IL	
Zip Code 60558	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. RYAN PROVENZANO</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 316 BROOKWOOD TR		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.I389
City MCHENRY	State IL	
Zip Code 60050	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4002.74
<b>TOTAL</b> This Period (last page this line number only).....	

14020192185

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 89		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. STEVE SCHOEFFEL</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 5213 TURNSTONE RD		Amount of Each Disbursement this Period 4179.30 Transaction ID : SB17.I401
City SPRINGFIELD	State IL	
Zip Code 62711	Purpose of Disbursement TRAVEL	REIMBURSEMENT OF TRAVEL EXP
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY WERFEL</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address 550 BLUESTEM LANE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I372
City GRAYSLAKE	State IL	
Zip Code 60030	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	COUNTY COORDINATOR
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address PO BOX 53852		Amount of Each Disbursement this Period 303.44 Transaction ID : SB17.I413
City PHOENIZ	State AZ	
Zip Code 85072	Purpose of Disbursement BANK FEE	CC FEES
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5982.74
<b>TOTAL</b> This Period (last page this line number only).....	

14020192186

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 3922.59 Transaction ID : SB17.I340
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A/P ON 2/26/2014 PRE PRIMARY REPORT
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 4620.42 Transaction ID : SB17.I341
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MONTHLY WEB MAINTENANCE/HOSTING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 117 NORTH SAINT ASAPH STREET		Amount of Each Disbursement this Period 4409.51 Transaction ID : SB17.I342
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement WEB SERVICE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MONTHLY WEB MAINTENANCE/HOSTING - MAR
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12952.52
<b>TOTAL</b> This Period (last page this line number only).....	

14020192187

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 14 / 2014

Amount of Each Disbursement this Period: 269.51

Transaction ID : SB17.I343

Category/Type: 003

T SHIRTS

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 17 / 2014

Amount of Each Disbursement this Period: 3530.62

Transaction ID : SB17.I344

Category/Type: 003

EMAIL SERVICES

Full Name (Last, First, Middle Initial)

**C. CD INC.**

Mailing Address PO BOX 1877

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 21 / 2014

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.I353

Category/Type: 004

ONLINE ADS

**SUBTOTAL** of Disbursements This Page (optional)..... 5000.13

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

14020192188

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 1593 SPRINGHILL RD		Amount of Each Disbursement this Period 1500.00
City TYSONS CORNERS	State VA	
Purpose of Disbursement DATA PROCESSING SERVICES	Candidate Name	Transaction ID : SB17.I356
Category/Type 003		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MONTHLY FEE - MAR
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EXXON Mobil - HQ</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period 60.27
City Irving	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB17.I362
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	GAS
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EXXON Mobil - HQ</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period 70.69
City Irving	State TX	
Purpose of Disbursement TRAVEL	Candidate Name	Transaction ID : SB17.I363
Category/Type 002		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	GAS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1630.96
<b>TOTAL</b> This Period (last page this line number only).....	

14020192189

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. EXXON Mobil - HQ</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 5959 Las Colinas Boulevard		Amount of Each Disbursement this Period 78.59
City Irving	State TX	
Purpose of Disbursement TRAVEL	Category/ Type 002	Transaction ID : SB17.I364
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	GAS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FLS CONNECT, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2014
Mailing Address 7300 HUDSON BLVD SUITE 270		Amount of Each Disbursement this Period 193.33
City ST PAUL	State MN	
Purpose of Disbursement PHONE SVC	Category/ Type 001	Transaction ID : SB17.I365
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ILLINOIS DEPARTMENT OF REVENUE</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2014
Mailing Address PO BOX 19030		Amount of Each Disbursement this Period 222.26
City SPRINGFIELD	State IL	
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	Transaction ID : SB17.I369
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	494.18
<b>TOTAL</b> This Period (last page this line number only).....	

14020192190

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. LAW OFFICES OF WILLIAM J CADIGAN</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 33 N DEARBORN SUITE 2330		Amount of Each Disbursement this Period 275.00
City CHICAGO	State IL Zip Code 60606	
Purpose of Disbursement LEGAL CONSULTING	Category/Type 001	Transaction ID : SB17.I345
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A/P ON 2/26/2014 PRE PRIMARY REPORT (LEGAL)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LISKA &amp; ASSOCIATES</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 610 NORTH FAIRBANKS		Amount of Each Disbursement this Period 250.00
City CHICAGO	State IL Zip Code 60611	
Purpose of Disbursement PRINTING	Category/Type 004	Transaction ID : SB17.I374
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	AD
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MERCHANT SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address 920 N ARGONNE SUITE 200		Amount of Each Disbursement this Period 577.68
City SPOKANE	State WA Zip Code 99212	
Purpose of Disbursement BANK FEE	Category/Type 003	Transaction ID : SB17.I377
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CC FEES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1102.68
<b>TOTAL</b> This Period (last page this line number only).....	

14020192191



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 89
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. MIDWEST PROMOTIONAL GROUP</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2014
Mailing Address <b>16W211 S. FRONTAGE RD</b>		Amount of Each Disbursement this Period 2500.00 Transaction ID : <b>SB17.I378</b>
City <b>BURR RIDGE</b> State <b>IL</b> Zip Code <b>60527</b>	Purpose of Disbursement <b>PRINTING</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	SIGNS
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MIDWEST PROMOTIONAL GROUP</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address <b>16W211 S. FRONTAGE RD</b>		Amount of Each Disbursement this Period 1839.02 Transaction ID : <b>SB17.I379</b>
City <b>BURR RIDGE</b> State <b>IL</b> Zip Code <b>60527</b>	Purpose of Disbursement <b>PRINTING</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	SIGNS
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. REACHFLY LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address <b>440 WESTWOOD CT SUITE A</b>		Amount of Each Disbursement this Period 7717.00 Transaction ID : <b>SB17.I381</b>
City <b>CRYSTAL LAKE</b> State <b>IL</b> Zip Code <b>60014</b>	Purpose of Disbursement <b>PHONE SVC</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	ROBO CALLS
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12056.02
<b>TOTAL</b> This Period (last page this line number only).....	

14020192192

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. REACHFLY LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address <b>440 WESTWOOD CT SUITE A</b>		Amount of Each Disbursement this Period 7008.56 Transaction ID : <b>SB17.I382</b>
City <b>CRYSTAL LAKE</b> State <b>IL</b> Zip Code <b>60014</b>	Purpose of Disbursement <b>PHONE SVC</b>	
Candidate Name	Category/Type <b>003</b>	ROBO CALLS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. REVERSE SPIN</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address <b>1544 SHERMER ROAD</b>		Amount of Each Disbursement this Period 3000.00 Transaction ID : <b>SB17.I384</b>
City <b>NORTHBROOK</b> State <b>IL</b> Zip Code <b>60062</b>	Purpose of Disbursement <b>POLITICAL STRATEGY CONSULTING</b>	
Candidate Name	Category/Type <b>003</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RICK REED MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2014
Mailing Address <b>2601 A WILSON BLVD</b>		Amount of Each Disbursement this Period 1297.00 Transaction ID : <b>SB17.I386</b>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22201</b>	Purpose of Disbursement <b>AUDIO/VISUAL SVC</b>	
Candidate Name	Category/Type <b>004</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	11305.56
<b>TOTAL</b> This Period (last page this line number only) .....	

14020192193

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. RICK REED MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2601 A WILSON BLVD		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.I387
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement MEDIA	Category/Type 004	RADIO ADS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RICK REED MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 2601 A WILSON BLVD		Amount of Each Disbursement this Period 20000.00 Transaction ID : SB17.I388
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement MEDIA	Category/Type 004	RADIO ADS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL OIL - HQ</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 910 Louisiana St		Amount of Each Disbursement this Period 76.22 Transaction ID : SB17.I391
City Houston	State TX Zip Code 77002	
Purpose of Disbursement TRAVEL	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35076.22
<b>TOTAL</b> This Period (last page this line number only).....	

14020192194

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. SHELL OIL - HQ</b>		Date of Disbursement
Mailing Address 910 Louisiana St		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Houston	TX	77002
Purpose of Disbursement TRAVEL	<input type="text" value="002"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="86.80"/> Transaction ID : SB17.I392
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SHELL OIL - HQ</b>		Date of Disbursement
Mailing Address 910 Louisiana St		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Houston	TX	77002
Purpose of Disbursement TRAVEL	<input type="text" value="002"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="69.47"/> Transaction ID : SB17.I393
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SHELL OIL - HQ</b>		Date of Disbursement
Mailing Address 910 Louisiana St		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Houston	TX	77002
Purpose of Disbursement TRAVEL	<input type="text" value="002"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="83.83"/> Transaction ID : SB17.I394
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="240.10"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

14020192195

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

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

FOR LINE NUMBER: PAGE 77 OF 89  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial)  
**A. SOLID IMPRESSIONS**

Mailing Address **1010 W. FULLERTON, STE E**

City **ADDISON** State **IL** Zip Code **60101**

Purpose of Disbursement **PRINTING**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: **03 / 20 / 2014**

Amount of Each Disbursement this Period: **97.36**

Transaction ID: **SB17.I397**

Category/Type: **003**

**INVITATIONS**

Full Name (Last, First, Middle Initial)  
**B. THE HOMESTEAD**

Mailing Address **1230 S. EAST STREET**

City **KANKAKEE** State **IL** Zip Code **60901**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: **03 / 21 / 2014**

Amount of Each Disbursement this Period: **365.75**

Transaction ID: **SB17.I346**

Category/Type: **002**

**A/P ON 2/26/2014 PRE PRIMARY REPORT (EVENT MEALS)**

Full Name (Last, First, Middle Initial)  
**C. TRAVELOCITY.COM**

Mailing Address **11603 CROSSWINDS WAY**

City **SAN ANTONIO** State **TX** Zip Code **78223**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: **03 / 06 / 2014**

Amount of Each Disbursement this Period: **181.44**

Transaction ID: **SB17.I416**

Category/Type: **002**

**HOTEL**

**SUBTOTAL** of Disbursements This Page (optional)..... **644.55**

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

14020192196

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial)  
**A. US DEPT OF TREASURY**

Mailing Address **1500 PENNSYLVANIA AVE NW**

City **WASHINGTON** State **DC** Zip Code **20222**

Purpose of Disbursement **PAYROLL TAXES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
**03 / 17 / 2014**

Amount of Each Disbursement this Period  
**1193.52**

Transaction ID : **SB17.I370**

Category/Type: **001**

Full Name (Last, First, Middle Initial)  
**B. US POST OFFICE**

Mailing Address **1314 KENSINGTON ROAD**

City **OAK BROOK** State **IL** Zip Code **60523**

Purpose of Disbursement **POSTAGE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
**03 / 04 / 2014**

Amount of Each Disbursement this Period  
**5.85**

Transaction ID : **SB17.I406**

Category/Type: **001**

Full Name (Last, First, Middle Initial)  
**C. US POST OFFICE**

Mailing Address **1314 KENSINGTON ROAD**

City **OAK BROOK** State **IL** Zip Code **60523**

Purpose of Disbursement **POSTAGE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY  
**03 / 10 / 2014**

Amount of Each Disbursement this Period  
**68.00**

Transaction ID : **SB17.I407**

Category/Type: **003**

**SUBTOTAL** of Disbursements This Page (optional) ..... **1267.37**

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

14020192197

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 89
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. VICTORY ENTERPRISES</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 5200 SW 30TH ST, STE 7		Amount of Each Disbursement this Period 15759.01
City DAVENPORT	State IA	
Zip Code 52802	Purpose of Disbursement PRINTING	Transaction ID : SB17.I347
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A/P ON 2/26/2014 PRE PRIMARY REPORT (LIT)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VICTORY ENTERPRISES</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 5200 SW 30TH ST, STE 7		Amount of Each Disbursement this Period 1000.00
City DAVENPORT	State IA	
Zip Code 52802	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Transaction ID : SB17.I348
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	A/P ON 2/26/2014 PRE PRIMARY REPORT (CONSULT)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WEST SUBURBAN IRISH INC.</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address PO BOX 602		Amount of Each Disbursement this Period 350.00
City NAPERVILLE	State IL	
Zip Code 60566	Purpose of Disbursement RALLY PROGRAM SVC	Transaction ID : SB17.I409
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	NAPERVILLE PARADE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17109.01
<b>TOTAL</b> This Period (last page this line number only).....	

14020192198

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 89			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. WINNING SYSTEMS INC.</b>		Date of Disbursement
Mailing Address 105 S. YORK RD 5TH FLOOR		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
ELMHURST	IL	60126
Purpose of Disbursement TRAVEL	<input type="text" value="002"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1489.96"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I411
State: _____ District: _____		TRAVEL EXP REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>B. WORTH TWSP REG. REPUBLICAN</b>		Date of Disbursement
Mailing Address 10130 S CLIFTON PARK AVE		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
EVERGREEN PARK	IL	60805
Purpose of Disbursement MEDIA	<input type="text" value="004"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="574.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I412
State: _____ District: _____		SAMPLE BALLOT

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/> Category/ Type	Amount of Each Disbursement this Period
Candidate Name		<input type="text"/>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2063.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="116297.09"/>

14020192199



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 89			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. LAURA GIRGIS</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1315 BRITTANY WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I423
City NAPERVILLE	State IL	
Zip Code 60540	Purpose of Disbursement REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	REFUND OF GENERAL CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. ROB GIRGIS</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1315 BRITTANY WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I424
City NAPERVILLE	State IL	
Zip Code 60540	Purpose of Disbursement REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	REFUND OF GENERAL CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. CARYN KARINSHAK</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 30 MAGNOLIA WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.I425
City CHADDS FORD	State PA	
Zip Code 19317	Purpose of Disbursement REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	REFUND OF GENERAL CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192200

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 89
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. TOM KARINSHAK</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 30 MAGNOLIA WAY		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.1426
City CHADDS FORD State PA Zip Code 19317	Purpose of Disbursement REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND OF GENERAL CONTRIBUTION
State: District:	Category/Type 010	

Full Name (Last, First, Middle Initial) <b>B. MARGARET MALLON</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 6 N. MICHIGAN AVE UNIT 803		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.1427
City CHICAGO State IL Zip Code 60602	Purpose of Disbursement REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND OF GENERAL CONTRIBUTION
State: District:	Category/Type 010	

Full Name (Last, First, Middle Initial) <b>C. TOM MALLON</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 6 N. MICHIGAN AVE UNIT 803		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.1428
City CHICAGO State IL Zip Code 60602	Purpose of Disbursement REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	REFUND OF GENERAL CONTRIBUTION
State: District:	Category/Type 010	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192201

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 89	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. ALICE MARKS</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 806 RED STABLE WAY		Amount of Each Disbursement this Period 2600.00
City OAK BROOK	State IL	
Zip Code 60523	Purpose of Disbursement REFUND	REFUND OF GENERAL CONTRIBUTION
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TOM G MARKS</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 806 RED STABLE WAY		Amount of Each Disbursement this Period 2600.00
City OAK BROOK	State IL	
Zip Code 60523	Purpose of Disbursement REFUND	REFUND OF GENERAL CONTRIBUTION
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JONATHAN MATUZAK</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 814 LAKESIDE DRIVE		Amount of Each Disbursement this Period 950.00
City DOWNERS GROVE	State IL	
Zip Code 60516	Purpose of Disbursement REFUND	REFUND OF PRIMARY CONTRIBUTION
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6150.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020192202

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

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

**A. JOY ROMANE**

Full Name (Last, First, Middle Initial)

Mailing Address 8900 N. PIONEER RD

City PEORIA State IL Zip Code 61615

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 24 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB20A.I419

REFUND OF PRIMARY CONTRIBUTION

**B. LARRY TRUAX**

Full Name (Last, First, Middle Initial)

Mailing Address 2028 SORRENTO PL

City LAS CRUCES State NM Zip Code 88005

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB20A.I429

REFUND OF GENERAL CONTRIBUTION

**C. MARSHA TRUAX**

Full Name (Last, First, Middle Initial)

Mailing Address 2028 SORRENTO PL

City LAS CRUCES State NM Zip Code 88005

Purpose of Disbursement REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2014

Amount of Each Disbursement this Period: 2600.00

Transaction ID : SB20A.I430

REFUND OF GENERAL CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional)..... 5400.00

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

14020192203

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 89			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Americans for Doug Truax**

Full Name (Last, First, Middle Initial) <b>A. DANIEL ULFE</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 117 N SAINT ASAPH ST		Amount of Each Disbursement this Period 137.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement REFUND	Candidate Name	Transaction ID : SB20A.I417
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 010	REFUND OF PRIMARY CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. ROBERT F WALSH</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address 84 WAVERLY AVE		Amount of Each Disbursement this Period 2600.00
City CLARENDON HILLS	State IL Zip Code 60514	
Purpose of Disbursement REFUND	Candidate Name	Transaction ID : SB20A.I431
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 010	REFUND OF GENERAL CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. ROSE WILKES</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 316 N RIDGELAND AVE		Amount of Each Disbursement this Period 100.00
City ELMHURST	State IL Zip Code 60126	
Purpose of Disbursement REFUND	Candidate Name	Transaction ID : SB20A.I418
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 010	REFUND OF PRIMARY CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2837.00
<b>TOTAL</b> This Period (last page this line number only).....	29987.00

14020192204

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **Americans for Doug Truax** Transaction ID : **SC1**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Douglas L Truax - Personal Funds**

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1264 Candlewood Court

City Downers Grove	State IL	ZIP Code 60515	Loan from Candidate
-----------------------	-------------	-------------------	---------------------

Original Amount of Loan 18000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 07 / D 24 / Y 2013	Date Due M / D / Y None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)...	▶ 18000.00
<b>TOTALS</b> This Period (last page in this line only) ...	▶ 18000.00

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

14020192205

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Americans for Doug Truax**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jeffrey Werfel</b>		Nature of Debt (Purpose): campaign ground coordination	
Mailing Address 550 Bluestem Lane			
City	State	Zip Code	
Grayslake	IL	60030	
Outstanding Balance Beginning This Period 0.00		Transaction ID : AP06	
Amount Incurred This Period 1015.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1015.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jeffrey Werfel</b>		Nature of Debt (Purpose): exp reimbursement	
Mailing Address 550 Bluestem Lane			
City	State	Zip Code	
Grayslake	IL	60030	
Outstanding Balance Beginning This Period 0.00		Transaction ID : AP07	
Amount Incurred This Period 404.46	Payment This Period 0.00	Outstanding Balance at Close of This Period 404.46	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaign Solutions</b>		Nature of Debt (Purpose): monthly retainer and hosting	
Mailing Address 117 North Saint Asaph St			
City	State	Zip Code	
Alexandria	VA	22314	
Outstanding Balance Beginning This Period 0.00		Transaction ID : AP04	
Amount Incurred This Period 2282.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2282.00	

1) SUBTOTALS This Period This Page (optional) ...	3701.46
2) TOTALS This Period (last page this line number) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

14020192206

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Americans for Doug Truax**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Campaign Solutions**

Nature of Debt (Purpose):

emails outgoing

Mailing Address 117 North Saint Asaph St

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : AP05

Amount Incurred This Period

1065.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

1065.43

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Veritas Risk Services**

Nature of Debt (Purpose):

rent

Mailing Address 1900 Spring Rd Ste 530

City State

Zip Code

Oak Brook

IL

60523

Outstanding Balance Beginning This Period

1000.00

Transaction ID : AP08

Amount Incurred This Period

0.00

Payment This Period

253.74

Outstanding Balance at Close of This Period

746.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Victory Enterprises**

Nature of Debt (Purpose):

political consulting fees

Mailing Address 5200 SW 30th St Ste 7

City State

Zip Code

Davenport

IA

52802

Outstanding Balance Beginning This Period

11000.00

Transaction ID : AP01

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

10000.00

1) **SUBTOTALS** This Period This Page (optional) ...

11811.69

2) **TOTALS** This Period (last page this line number only) ...

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

14020192207



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Americans for Doug Truax**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Victory Enterprises**

Nature of Debt (Purpose):

Video Production - ad

Mailing Address 5200 SW 30th St., Ste 7

City State

Zip Code

Davenport

IA

52802

Outstanding Balance Beginning This Period

0.00

Transaction ID : AP02

Amount Incurred This Period

1800.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Winning Systems Inc.**

Nature of Debt (Purpose):

fundraising consulting fees

Mailing Address 105 S York Rd, 5th Fl

City State

Zip Code

Elmhurst

IL

60126

Outstanding Balance Beginning This Period

3500.00

Transaction ID : AP03

Amount Incurred This Period

4583.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8083.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ...

9883.00

2) **TOTALS** This Period (last page this line number only) ...

25396.15

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)...

18000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

43396.15

1420192208

Americans for Doug Truax  
PO Box 4808  
Oak Brook, IL 60522

SCREENED  
BY THE SENATE  
POST OFFICE  
Office of Public Records  
PO Box 7578  
Washington DC  
20013-7578



14020192209

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

United States Senate  
OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

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USPS PRIORITY MAIL \_\_\_\_\_  
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USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

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	SHIPPING DATE
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UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

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Date of Receipt

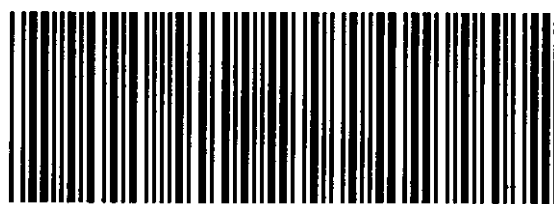
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FAX \_\_\_\_\_  
Date of Receipt

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Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-15-14**

14020192210



SEN PATCH



SEN PATCH

14020192211