Q _	FORM		ONTRIBUTIONS AND EXPENDITURES OF PLEASE TYPE OR PRINT BY BLACK BIN		
THE PARTY OF		Pre-Election Report - Election Da	· · · · · · · · · · · · · · · · · · ·		
		Semi-Annual Report	120,6,200	-	
	D 2	Non-Participation - Election Date:	<u>.</u>		
	D-2	Final Report	· · · · · · · · · · · · · · · · · · ·	- Thre BOARD OF ELECTI	
		Amendment of Report Indicated A		10 JAN 19 AM 9: 5	
		address of Political Commit		POLITICAL COMMITTEE	
Citizen	s those	MARY BURRESS	I PEASURER	-	
	٠,٠,٠	•	,- 0	1,	
7131) 88	Referens			L-15658-14	
Pek n	TL 1	1554 DOM		12 .3000 . 1	
	4	CHE	ECK IF ADDRESS CHANGE	IDENTIFICATION NO.	
REPORTING PI		SH AVAILABLE AT THE	STATE POLITICAL COMMITTEES RETURN TO:	LOCAL POLITICAL COMMITTEES AND STATE AND LOCAL POLITICAL	
Listin Landing		GINNING OF THE PORTING PERIOD:	STATE BOARD OF ELECTIONS PO BOX 4187	COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS	
			SPRINGFIELD, IL 62708-4187	AND A COPY TO EACH APPROPRIATE COUNTY CLERK	
		1430.00			
	SEE PAMPH	LET "A GUIDE TO CAM	PAIGN DISCLOSURE" FOR	R GUIDANCE.	
COMPLETE 1	7 FOR PRE-	ELECTION REPORTS.	SECTION B -	EXPENDITURES	
COMP	LETE ALL S	ECTIONS FOR	6. Transfers Out:		
SEMI-AN	NUAL AND I	FINAL REPORTS.	a. Itemized (from Schedule B) \$ (6a)		
			b. Not-Itemized	\$(6b)	
SECTION A - RE	CEIP 13		7. Loans made:		
1. Individual Contribu		10000	a. Itemized (from Schedule		
a Itemized (from	Schedule A)	\$ 650,00 (1a)	b. Not-Itemized	\$(7b)	
b. Not-Itemized		\$ 2,732,60 (1b)	8. Expenditures:	s 4282,00 (8e)	
2. Transfers In:			Itemized (from Schedule		
a. Hemized (from	School de A)	\$ (2a)	TOTAL EXPENDITURE		
b. Not-Itemized	•	\$ (2b)	TOTAL EX ENOTIONE	s (6-8) \$ 4,282. —	
J. 1100 1001111200		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SECTION C - DEBTS AND	OBLIGATIONS	
3 Loans Received:			(Include previously reported unpa	<del></del>	
a. Hernized (from	Schedule A)	\$ (3a)	9. a. Itemized (from Schedule	(9a)	
b. Not-Itemized		\$ (3b)	b. Not-Itemized	\$(9b)	
			TOTAL DEBTS & OBLIGA	TIONS \$	
4. Other Receipts:					
a. Hemized (from	Schedule A)	\$ (4a)	SECTION D - CASH BALA	WCE	
b. Not-Itemized		\$ (4b)	Funds available at the beginning	1, 5, 05	
TOTAL REC	EIPTS (1-4)	\$ 3389.00	of the reporting period;	\$ 1630. (A)	
		<i>,</i>	Total Receipts (Section A)	\$ <u>3.382, — (B)</u>	
	*****	**	Subtotal	5,0/2,00 (C)	
5. In-Kind Contributio			Total Expenditures (Section B) Funds available at the close of	4282.00 (D)	
a. Hemized (from		\$ 1088 99 (5a)	the reporting period:	· 12000 15	
b. Not-Itemized	Concourt I,	\$	***	/30	
TOTAL	IN-KIND	\$ 1088 99	INVESTMENT TOTAL	\$	
		CONTRIBUTIONS OR THIS SEMI-AND	<b>ICATION</b> NUAL REPORT OF CAMPAIGN CONTRIBUT		
ACCOMPANYING SCHEDU	LES AND STATEME	ents) has been examined by Me /	AND TO THE BEST OF MY KNOWLEDGE / INDERSTAND THAT WILLFULLY FILING A	AND BELIEF IS A TRUE, CORRECT AND	
BUSINESS OFFENSE SUBJ			Ī		
Tr Jarry	7 /Dur	ress	a	1 16,2010	
SIGNATURE OF THE ASS	URER OR CANDI	DATE		DATE	

Page 1 of 2

(THIS FORM MAY BE REPRODUCED)

NAME OF POLITICAL COMMITTEE:	F	REPORTING PERIOD	FOR OFFICE USE ONLY
Citizens for Mary Burn	ess jola	8/09 12/31/09	
son Treasurer		ROM THRU	
SCHEDU	JLE A		
INDICATE THE PART OF FORM D-2 BEING ITEM	IZED:		POLITICAL COMMITTEE
PART 1- INDIVIDUAL CONTRIBUTIONS INCLUDING TICKETS AND RAFFLE		RT 3- <u>Loans received</u> Including Endorser	IDENTIFICATION NO.
PART 2- TRANSFERS IN POLITICAL COMMITTEE CONTRIBUTION INCLUDING TICKET AND RAFFLE S		RT 4- OTHER RECEIPTS	L-15658
SEE PAMPHLET " A GU	IDE TO CAMP	AIGN DISCLOSURE" FOR	GUIDANCE.
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
Group Benefits Assoc.	11/2/09	\$ 150.00	₺ 150.00
3963 W. Belmont Suite 4 Chicago, Ol 60018		GROUP BENEFITS	occupations: toll Babbit
Jean Ann Honegger	11/24/09	\$500. <u>00</u> 0	\$500.00
930 E. Polk St. W Mouton, We 4 1550		MONETON Comm. Bic	OCCUPATION:
)		EMPLOYER:	OCCUPATION:
		EMPLOYER:	OCCUPATION:
		EMPLOYER:	OCCUPATION:
		EMPLOYER:	OCCUPATION:
		EMPLOYER:	OCCUPATION:
		EMPLOYER:	OCCUPATION:
USE SEPARATE PAGE(S) FOR EACH NUMBERED	PART	TOTAL T	HIS PERIOD \$ 650, 00
(THIS FORM MAY BE REPRODUCED) SEE INSTRUCTIONS ON REVERSE SIDE	PAGE	(1	AST PAGE OF THIS PART ONLY)

NAME OF POLITICAL COMMITTEE:	F	REPORTING PERIOD	FOR OFFICE USE ONLY
CHIZENS FOR MERY BURRESS FOR TREASU	REPO 1 16	THRU	
SCHED	ULE A		
INDICATE THE PART OF FORM D-2 BEING ITEM	AIZED:		POLITICAL COMMITTEE
PART 1-  INDIVIDUAL CONTRIBUTIONS INCLUDING TICKETS AND RAFFLE	RT 3- <u>Loans received</u> Including Endorser	IDENTIFICATION NO.	
PART 2- TRANSFERS IN POLITICAL COMMITTEE CONTRIB INCLUDING TICKET AND RAFFLE		RT 4- OTHER RECEIPTS	L-15658
SEE PAMPHLET " A GU	JIDE TO CAMP	AIGN DISCLOSURE" FOR	GUIDANCE.
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
BOBBURRESS 113 DEERHELDER	1/16/10	\$2,200.—	\$2200
4 Him De 61554			REHIREDOENT
		EMPLOYER:	OCCUPATION:
USE SEPARATE PAGE(S) FOR EACH NUMBERE	D PART		THIS PERIOD \$(LAST PAGE OF THIS PART ONLY)

NAME OF POLITICAL COMMITTEE: CHIZENS FOR MGIY BURESS FOR TREASURER

REPORTING PERIOD

99 12-31-09 THRU FOR OFFICE USE ONLY

SCHEDULE I IN-KIND CONTRIBUTIONS

POLITICAL COMMITTEE
IDENTIFICATION NO.

L-15658

SEE PAMPHLET "A GUIDE TO	D CAMPAIGN	I DISCLOSURE" FOR GUII	DANCE.
FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
CONTRIBUTOR Gayle Mucciante	10/2/08	\$35,∞	\$35.99
Illinois Regional Pain Institute, SC 5401 N. Knokville Are, Suite 416 Peoria, IL. Lelle 14		EMPLOYER: Illinois Regional Pain Institute SC	Office Manager
VENDOR PAID (if applicable)  Allegra frint and Imaging 1107 N. 8th St.  Texin, 14. 61554	PRIN	DESCRIPTION	,
CONTRIBUTOR BOBBURRESS TIBDEERFIELD DR	12/14/09	** 18.36 ** サイン・12 EMPLOYER:	5 LOD, 48
VENDOR PAID (if applicable) T- Shirt House	T-Sh	DESCRIPTION	
Petrin, De 61554 CONTRIBUTOR	1 1	\$ 1/2 -	4/6
BOD BURKESS 713 DEEPFIELD DR Petsin Ol 61554	14/09	#43.— EMPLOYER:	OCCUPATION
VENDOR PAID (if applicable) NEWMAN & WILMAN, INC. P.O. BOX 1009 Pickin, DC 61554	CA	DESCRIPTION	
BOBBULRESS 7(3) SERFIELD DR	12/4/03	#58,24 EMPLOYER:	\$58.24
Pekin Dl 61554 VENDOR PAID (if applicable)  Chum's Inc  140 S. Main St.  Monton Dl 61550	Swe	DESCRIPTION At Shirt	

(THIS FORM MAY BE REPRODUCED)
SEE INSTRUCTIONS ON REVERSE SIDE

PAGE \_\_\_\_

NAME OF POLITICAL COMMITTEE: Citizens for MARY	REPORTING PERIOD  8/31/09 12/31/04	FOR OFFICE USE ON
FOR TREASURER SCHEDU		
IN-KIND CONTI	POLITICAL COMMITTEE	

E PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

SEE PAMPHLET "A GUIDE TO	J CAMPAIGN	DISCLUSURE" FOR GUIL	JANCE.
FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
VIVIAN HAGAMAN	11/19/	<sup>‡</sup> 147.39	\$147.30
morton, IL 6/550	1. 984	MORTON TOWNShip	OCCUPATION  ASSESSOR
VENDOR PAID (if applicable) ELI'S COFFEE 205 WEST JEFFEN Son	FOOD	for - MEEF &	GREET
MORTON, IL 61550	l 		
MIKE GUDAR	9/12/04	11/14/09	\$321.05
WAShinston, II 6157	11/10/03	EMPLOYER:	OCCUPATION
VENDOR PAID (if applicable) Office YMAY 200 RIVERSIDE DR	Ank	, Supplies	ı
E. Peoria, Ol 4 1611			A
CONTRIBUTOR	11.7	200	Tom -
BOD BURRESS	11/12/09	380.—	380.
7/3DEENSIEUD DR.	11/09	EMPLOYER:	OCCUPATION
VENDOR PAID (if applicable)  RED ROCK	7000	DESCRIPTION  NEET	& GREET
morton of 61550	ex t	£10348	
Mary Jane Dickerson	11/	\$44.	44. —
Justin 2 61554	109	EMPLOYER: CO:TREASURER	occupation CLERK
VENDOR PAID (if applicable)		DESCRIPTION	
Retgin 1.0	5	tamps	
Retsin De 61550	<u> </u>		

(THIS FORM MAY BE REPRODUCED)
SEE INSTRUCTIONS ON REVERSE SIDE

PAGE 2

TOTAL THIS PERIOD \$ 1,088.99 (LAST PAGE OF THIS PART ONLY)

NAME OF POLITICAL COMMITTEE:	REPORTING	S PERIOD	FOR OFFICE USE ONLY
	FROM	THRU	
SCHEDUL			
INDICATE THE PART OF FORM D-2 BEING ITEMIZED:	:		POLITICAL COMMITTEE
PART 6- TRANSFERS OUT EXPENDITURES TO POLITICAL	PART 7- LO	ANS MADE	IDENTIFICATION NO.
COMMITTEES - INCLUDING TICKET & RAFFLE PURCHASES	PART 8- EX	PENDITURES	L-15658

SEE PAMPHLET "	A GUIDE TO	CAMPAIGN D	ISCLOSURE'	FOR GUIDANCE	•
ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	AMOUNT OF EACH EXPENDITURE THIS REPORTING PERIOD	AGGREGATE AMOUNT THIS REPORTING PERIOD
Grunpy Peter Steakhouse 1440 N.8 th St. Petsin IL 61554	10/27/09	Took you Tund RAISER	Citizens for mary BHLUDES	\$537.60 tip \$37.40	# 575, — Cx#1001
allega Print 1107 N. 8 th St Pekin, De 61554	11/5/09 11/5/09 11/18/09	Printing	CitizENS JOS MARY BURRES	*216 -   352   100   145.41	\$ 833.41 Cut 1002 #1005 Cut 1004 #100
Home Run Advertising 1403 S. 8th St. Petrin De 61554	11/4/09	Signs Emery Boneos	Citizens formary BURRESS	#840,1 <u>9</u>	# 1,703.59 Cn + 1003 + 1012
Varsita Printing P.O. Box 825 Pe Kin Il 41554	11/25/04	ADS	Citizens Der Mapoy BURRESS	400 — 300 —	\$ 100-
AREA BUYERS EquiDe 102 E. 7AST ST PREKIN , DE 61554	12/2/09	AŁ	CITIZENS DOVIMANING BURESS	\$50-	\$50,- Cn#1008
EYSAL'S COTTEE WASH & SPRING FIELD PO 6. PEDRIA, IL 61554	12/4/09	MEE+ GREET	Citizens you many Bulles	\$100-	\$100 - lu \$1009
MACKINAW FAMILY RESI 1005. DRENARD RD MACKINAW, FL. 61755	12/18/09	Meet E Greet	Citizens Der Many BULLESS	\$106-	\$100,- Cu#1010
WAShington FL 61571	12/19/09	Postage	litizens Jornan BURKESS	220—	\$220-

USE SEPARATE PAGE(S) FOR EACH NUMBERED PART

(LAST PAGE OF THIS PART ONLY)

(THIS FORM MAY BE REPRODUCED)
SEE INSTRUCTIONS ON REVERSE SIDE

PAGE	