TE BOAR	FORM	REPORT OF CAMPAIC				FOR OFF	CE USE ONL	Υ
		Quarterly Report (check one)	rt: □ 1 st , ☑	2 nd ,	☐ 4 th	CHICAGO		
	D-2	Final Report			2812 J	JL 10 PM I	2:21	
LLINOIS		Amendment of the Report Indicated Above STATE BOARD OF						ĺ
					POLITICAL COMMITTEE			
Citizens for Nichole C Patton PO Box 934 Matteson, IL 60443-0934							ttee ID: 22378	
. 9 1.1			CK IF ADDRES	S CHANGE	IDEN			
e-mail address: REPORTING PERIOD CASH AVAILABLE AT THE					IDENTIFICATION No. ALL POLITICAL COMMITTEES RETURN TO:			
	STATE BOARD OF ELECTIONS							
FROM	EGINNING OF THE REP ERIOD: \$ peat this amount in SECTION	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503 OR JAMES R. THOMPSON CENTER 100 W RANDOLPH ST, STE 14-100 CHICAGO, IL. 60601-3232						
	SECTION D. EVDENDITUDES							
1. Individual Con	SECTION B – EXPENDITURES 6. Transfers Out							
a. Itemized (fro		d (from Schedu	le B)· \$	1	Sa)			
b. Not-Itemized	1							
2. Transfers In	b. Not-Itemized: \$(6b) 7. Loans made							
a. Itemized (from Schedule A): \$ (2a)					d (from Schedu	le B): \$	- (7	7a)
b. Not-Itemized:				b. Not-Itemized: \$ (7b)				
3. Loans Received				8. Expenditures				
a. Itemized (from Schedule A):				a. Itemized (from Schedule B): \$ (8a)				
b. Not-Itemized: \$ (3b)				b. Not-Itemized: \$ (8b)				
4. Other Receipts				9. Independent Expenditures				
a. Itemized (from Schedule A): \$(4a)				a. Itemized (from Schedule B-9): \$ (9a)				
b. Not-Itemized:\$ (4b)				b. Not-Itemized: (9b)				
TOTAL RECEIPTS (1a thru 4b)				TOTAL EXPENDITURES (6a thru 9b) \$				
********	SECTION C - DEBTS AND OBLIGATIONS							
	(Include previously reported unpaid debts)							
				10. a. Itemized (from Schedule C): \$ (10a) b. Not-Itemized: \$ (10b)				
5. In-Kind Contrib			(5 -)				⁽¹	10b)
a. Itemized (from Schedule I): \$ (5a) b. Not-Itemized: \$ (5b)					BTS & OBLIGA		VIOTE IN THE	
b. Not-Itemized:\$ (5b) TOTAL IN-KIND (5a+5b)				_	ECTION D -		INCE	
IOIAL	II4-KII4D (Jaik	56) \$		Cash available a	the reporting		0	(A)
Name & address of person submitting this report if other than the								(A) (B)
C	ommittee's ci	hairman or treasurer:			eipts from Sec	====		
				i	Fotal Cash (A) r	20.5		(C)
				Total Expendi			0	(D)
				1	able at the clos		-0-	(F)
reporting period (C) minus (D):							`	(E)
VERIFICATION INVESTMENTS TOTAL:							((F)
IDECLARE THAT THIS C BEEN EXAMINED BY ME ELECTION CODE. FUND 55000.	AND TO THE BE	ORT OF CAMPAIGN CONTRIBUTI EST OF MY MOWLEDGE AND B WILLFULLYFILING A FALSE OR	ONS AND EXPENELIEF IS A TRUE	NDITURES (INCLUDING E, CORRECT AND COM	MPLETE REPORT A	AS REQUIRED BY	ARTICLE 9 OF THE	
SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY							DATE	
THIS FORM MAY BE I			PAGE 1	of 2		•	REVISED 1	1/1/11