2 SE BOADS	FORM				TIONS AND EXPENDITURES ETYPE OR PRINT IN BLACK INK)	FOR OFF	FICE USE ON	NLY	
		Qua	rterly Report:	(circle one	e) 1 st , 2 nd , (3 rd) 4 th				
	D-2	<u> </u>	ıl Report			:			
LINOIS S	Amendment of the Report Indicated Above					STATE BOARD OF ELECTIONS			
Full name and co	mplete mailin			<u> </u>		POLITICAL	CT MITTEE	: 17	
Full name and complete mailing address of Political Committee:				10 20 1	[tee ID: 22 70			
SAMOAMON County Evening Republican Cl 4401 Pickfair					publicani Club	13	CCID. XXIV	7	
	Spring	field.	IL, 627	03					
	-	,			CK IF ADDRESS CHANGE	ine	NTIFICATION	No	
e-mail address: REPORTING P	EDIOD CA		BLE AT THE		ALL POLITICAL CO		··	NO.	
	BE.		F THE REPO	RTING	STATE BOARD OF ELECTIONS		E BOARD OF ELEC	TIONS	
	-1-10 9-31-10 PERIOD: \$ /1649,58 PO BOX 4187			OB JAMES	S R. THOMPSON CE RANDOLPH ST, STE	ENTER			
FROM	THRU Rep	eat this amou	nt in SECTION D	line (A).	SPRINGFIELD, IL 62708-4187		IICAGO, IL. 60601-3		
				FOR QU	ARTERLY AND FINAL RE				
	SECTION	A – RECEI	PTS		SECTION B -	- EXPENDI	<u>rures</u>		
1. Individual Cor		۸. ۴	17	(1-)	Transfers Out a. Itemized (from Schede	ulo PV	جريب ويستمرا	(6a)	
a. Itemized (fro			<u> </u>	(1a)	b. Not-Itemized:	· -	150,00	(6b)	
b. Not-Itemize 2. Transfers In	a:,	• ——		— ^(1b)	7. Loans made			_ (00)	
a. Itemized (fro	om Schedule A)	i \$	212.00	(2a)	a. Itemized (from Sched	ule B): \$	æ	(7a)	
b. Not-Itemized		-	312,00	—(2b)	b. Not-Itemized:	· -		- (7b)	
3. Loans Receive		· · · · · ·			8. Expenditures	-		- `	
a. Itemized (fro	om Schedule A)): \$	Ø	(3a)	a. Itemized (from Sched	ule B): \$	0	(8a)	
b. Not-Itemized	d :	\$	N.	(3b)	b. Not-Itemized:	\$	0	(8b)	
4. Other Receipts	s				9. Independent Expenditur	res		_	
 a. Itemized (from the second secon	om Schedule A)):	0	(4a)	a. Itemized (from Sched	ule B-9): \$ _		(9a) -	
b. Not-Itemized		· —	e	(4b)	b. Not-Itemized:	\$_	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	– ^(9b)	
TOTAL RECE	IPTS (1a thru 4	-b) \$	312,00		TOTAL EXPENDITURES (6a	thru 9b) \$_	150,00	_	
*****	*******	*****	********	****	SECTION C - DEB				
					(Include previous) 10. a. Itemized (from Sched	• •	Jaid debis)	(10a)	
5. In-Kind Contri	butions				b. Not-Itemized:	-	-0	(10b)	
a. Itemized (fro	-	\$	110	(5a)	TOTAL DEBTS & OBLIG		-0	_ (' / '	
b. Not-Itemize	d:	\$	70 17	— (5b)	SECTION D	-		-	
TOTAL	IN-KIND (5a+5	ib) \$	11 A	— ` ′	Cash available at the beginning				
		-			<u> </u>	ng period: \$	1649.5	8 (A)	
Name & address	s of person sul committee's ch			than the	Total Receipts from S	ection A: \$	312,00	— , _D ,	
					Total Cash (A)	-	1961.5	(C)	
					Total Expenditures from S		150,0	<i>i</i> Σ (D)	
					Funds available at the clo	-			
	<u> </u>				reporting period (C) r		1811,5	(E)	
			 		INVESTMENT		1811 50	(F)	
		<u></u>		VERIFICA	1		1011128	v. /	
BEEN EXAMINED BY M	E AND TO THE BE	ST OF MY KNO	WLEDGE AND BEL	IS AND EXPENIEF IS A TRUE	NDITURES (INCLUDING ACCOMPANYIN E, CORRECT AND COMPLETE REPOR' TATEMENT IS SUBJECT TO A CIVIL PE	T AS REQUIRED	BY ARTICLE 9 OF T	ΉE	
	Time	5 Kru	r l			10	-10-12		
SIGNATURE OF C	OMMITTEE'S'	TREASUREF	OR CANDIDA	TE ONLY			DATE		

THIS FORM MAY BE REPRODUCED

PAGE 1 of 2

REVISED 1/1/11

NAME OF POLITICAL COMMITTEE:		REPORTING	G PERIOD	FOR OF	FICE USE ONLY	
Sangamon County Evening Republ 4401 Pickfair	ican Club		0 7			
4401 Picktair	7-1	-12	9-31-12			
Springfield, IL, 62703	FF	ROM	THRU	1		
SCHEDU	LE A					
RECEIF	PTS					
CHECK THE PART OF FORM D-2, SE	ECTION A, BEIN	IG ITEMIZE	D:			
PART #1- INCLUDING TICKETS AND RAFFLE S	POLITICAL COMMITTEE IDENTIFICATION					
TRANSFERS IN PART #2- POLITICAL COMMITTEE CONTRIBUT INCLUDING TICKET AND RAFFLE SA	No. 22	.709 - 13				
SEE PAMPHLET "A GUID	E TO CAMP	AIGN DIS	CLOSURE" FOR	GUIDAN	CE.	
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT			AGGREGATE AMOUNT FOR THIS REPORTING PERIOD	
50/50 RAFFIE Jim Schackman 405 Helene st Socialist IL 62702	Schackman 8-8-12 EMPLOYER			\$	27,00 occupation:	
- Springfield, IL 62102		\$	30,00	\$	30,00	
MembersHif	7-30-12		EMPLOYER:		OCCUPATION:	
Member ship	8-10-12	\$	255,00 EMPLOYER:	\$	255.00 OCCUPATION:	
		\$		\$		
			EMPLOYER:		OCCUPATION:	
		\$		\$		
			EMPLOYER:		OCCUPATION:	
		\$		\$		
			EMPLOYER:		OCCUPATION:	
	-	\$		\$		
			EMPLOYER:		OCCUPATION:	
		\$		\$	·	
			EMPLOYER:		OCCUPATION:	
		\$		\$		
			EMPLOYER:		OCCUPATION:	
USE A SEPARATE SCHEDULE A FOR EACH PA	RTS 1, 2, 3, &				DD\$ 312,00	
	PAGE	 ⊼⊓ c	HECK IF THIS IS THI	E LAST PAG	E OF THIS PART ONLY	
THO FORM MANUEL BERDARINGS	540=4					

NAME OF POLITICAL COMMITTEE	: ĈepoblicanCl	REPORT	ING PERIOD		FOR OFF	ICE USE ONLY
Sangamin Condy Girming l Hyor Pickfair Springfield, 14 64703	-	07 101 /201	て いた 3(1*) THRU	Z elZ		
_	EDULE NDITURI					
CHECK THE PART O	POLITICAL COMMITTEE					
☐ PART #6 TRANSFERS OUT EXPENDITURES TO POLITI COMMITTEES ¥ INCLUDING RAFFLE PURCHASES	☐ PART #7 LOANS MADE ☐ PART #8 EXPENDITURES			IDENTIFICATION No.		
SEE PAMPHLET ".	A GUIDE TO	CAMPAIGN D	ISCI OSLIBE	" FOR	GUIDANCE	
ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE OF EXPENDITURE	PURPOSE	BENEFICIARY	AMÓ EXPEI RI	JNT OF EACH NDITURE THIS EPORTING PERIOD	AGGREGATE
Sangamon Conty Republican Contral Committee 1132 E. Sangamen Ave- Springfield, 12 62702	8/9/2412	Hole Spinsor		15	20 cz	15002
				-	į	

USE SEPARATE SCHEDULE B FOR EACH PARTS 6, 7, & 8

TOTAL THIS PERIOD \$ 150.00

CHECK IF LAST PAGE OF THIS SCHEDULE