



<b>FORM</b>	REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (CHECK APPROPRIATE BOXES) (PLEASE TYPE OR PRINT IN BLACK INK)	FOR OFFICE USE ONLY
	<input checked="" type="checkbox"/> Quarterly Report: (check one) <input type="checkbox"/> 1 <sup>st</sup> , <input type="checkbox"/> 2 <sup>nd</sup> , <input type="checkbox"/> 3 <sup>rd</sup> , <input checked="" type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> Final Report <input type="checkbox"/> Amendment of the Report Indicated Above	STATE BOARD OF ELECTIONS 13 JAN 31 PM 12:00

Full name and complete mailing address of Political Committee: Friends of Andrew Bezaitis c/o Brian Heckler, Treasurer 1200 Judson Ave Evanston, IL 60202-1317	<input type="checkbox"/> CHECK IF ADDRESS CHANGE	POLITICAL COMMITTEE Committee ID: 24804 08  IDENTIFICATION No.
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e-mail address:	REPORTING PERIOD FROM 12/21/12 THRU 12/31/12	CASH AVAILABLE AT THE BEGINNING OF THE REPORTING PERIOD: \$ 0 Repeat this amount in SECTION D line (A).	ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS 2329 S. MacArthur Blvd. OR SPRINGFIELD, IL 62704-4503 STATE BOARD OF ELECTIONS JAMES R. THOMPSON CENTER 100 W RANDOLPH ST. STE 14-100 CHICAGO, IL 60601-3232
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**COMPLETE ALL SECTIONS FOR QUARTERLY AND FINAL REPORTS.**

**SECTION A - RECEIPTS**

**1. Individual Contributions**

a. Itemized (from Schedule A): \$ 1,000 (1a)  
 b. Not-Itemized: \$ (1b)

**2. Transfers In**

a. Itemized (from Schedule A): \$ (2a)  
 b. Not-Itemized: \$ (2b)

**3. Loans Received**

a. Itemized (from Schedule A): \$ (3a)  
 b. Not-Itemized: \$ (3b)

**4. Other Receipts**

a. Itemized (from Schedule A): \$ (4a)  
 b. Not-Itemized: \$ (4b)

**TOTAL RECEIPTS (1a thru 4b)** \$ 1,000

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**5. In-Kind Contributions**

a. Itemized (from Schedule I): \$ (5a)  
 b. Not-Itemized: \$ (5b)

**TOTAL IN-KIND (5a+5b)** \$

Name & address of person submitting this report if other than the committee's chairman or treasurer:

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\_\_\_\_\_

\_\_\_\_\_

**SECTION B - EXPENDITURES**

**6. Transfers Out**

a. Itemized (from Schedule B): \$ (6a)  
 b. Not-Itemized: \$ (6b)

**7. Loans made**

a. Itemized (from Schedule B): \$ (7a)  
 b. Not-Itemized: \$ (7b)

**8. Expenditures**

a. Itemized (from Schedule B): \$ (8a)  
 b. Not-Itemized: \$ (8b)

**9. Independent Expenditures**

a. Itemized (from Schedule B-9): \$ (9a)  
 b. Not-Itemized: \$ (9b)

**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)

**TOTAL DEBTS & OBLIGATIONS:** \$

**SECTION D - CASH BALANCE**

Cash available at the beginning of the reporting period: \$ 0 (A)

**Total Receipts from Section A:** \$ 1,000 (B)

**Total Cash (A) plus (B):** \$ 1,000 (C)

**Total Expenditures from Section B:** \$ (D)

Funds available at the close of the reporting period (C) minus (D): \$ 1,000 (E)

**INVESTMENTS TOTAL:** \$ (F)

**VERIFICATION**

I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

*Brian Heckler*

1/29/13

**SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY**

**DATE**

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

FOR OFFICE USE ONLY

Friends of Andrew Bogart

12/21/12 | 12/31/12  
FROM THRU

# SCHEDULE A RECEIPTS

CHECK THE PART OF FORM D-2, SECTION A, BEING ITEMIZED:

- PART #1- INDIVIDUAL CONTRIBUTIONS INCLUDING TICKETS AND RAFFLE SALES
- PART #2- TRANSFERS IN POLITICAL COMMITTEE CONTRIBUTIONS INCLUDING TICKET AND RAFFLE SALES
- PART #3- LOANS RECEIVED INCLUDING ENDORSER
- PART #4- OTHER RECEIPTS

POLITICAL COMMITTEE IDENTIFICATION No.

24804 03

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

ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOUNT OF EACH RECEIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
PETER A. OBREA Cheryl J. Lohan 1047 Shusidom Rd. Exeter 12602	12/29/12	\$ 1,000. <sup>00</sup> EMPLOYER: Peter - Vice President, Axeline Manager	\$ 1,000. <sup>00</sup> OCCUPATION: Executive
		\$ EMPLOYER: Cheryl - President - medical network	\$ OCCUPATION: Executive
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:

USE A SEPARATE SCHEDULE A FOR EACH PARTS 1, 2, 3, & 4

TOTAL THIS PERIOD \$ 1,000.<sup>00</sup>

CHECK IF THIS IS THE LAST PAGE OF THIS PART ONLY

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