| S ROAD   | FORM                                  | 1                     |                                     |               | ONS AND EXPENDITUI  |              | FOR (     | OFFICE        | USE O                         | NLY                |
|--|---------------------------------------|-----------------------|-------------------------------------|---------------|---|--------------|-----------|---------------|-------------------------------|--------------------|
|  |                                       |                       | erly Report: (cir                   |               |   |              |           |               |                               |                    |
|  | D 0                                   |                       |                                     |               | .,  | ,            |           |               |                               |                    |
| 33   | <b>D-2</b>                            |                       | Report                              |               |   |              | STAT      | E BOAR        | O OF THE                      | CTION              |
| CONOIS   |                                       | <u></u>               | dment of the Re                     |               | dicated Above   |              |           | APR L         |                               | :42                |
| Full name and co                                     | mplete mailir                         | ng address of F       | Political Commit                    | tee:          |   |              | POLITIC   | CAL COM       | MITTEE                        |                    |
|  |                                       | Elect Laura J Pov     | wers                                |               |   |              | (         |               | e ID: 2349                    | )9                 |
|  | o Nancy Ellis<br>174 Deepwoo          |                       |                                     |               |   | ļ            |           | 11            |                               |                    |
|  |                                       | IL 61016-9745         |                                     |               |   |              |           |               |                               |                    |
|  |                                       |                       |                                     | CHEC          | K IF ADDRESS CH   | HANGE        |           |               |                               |                    |
| e-mail address:                                      |                                       |                       |                                     |               |   |              |           |               | ICATION                       | No.                |
| REPORTING P  | اما                                   | ASH AVAILABL          |                                     |               |   | OLITICAL COM |           |               |                               | TIONS              |
| 1-1-11 3   | ~ ) ] [ [ ]                           | ERIOD: \$ ) ()        | THE REPORTI                         | NG            | STATE BOARD OF ELEC<br>PO BOX 4187  |              | OB J      | AMES R. TH    | RD OF ELEC                    | ENTER              |
| FROM   | THRII                                 |                       | in SECTION D line                   | (A).          | 1020 S Spring St<br>SPRINGFIELD, IL 6270                                      |              | 100       |               | LPH ST, STI<br>), IL. 60601-3 |                    |
|  |                                       | <u> </u>              |                                     |               | RTERLY AND FI   | NAL REI      | PORTS     |               |                               |                    |
|  |                                       | A - RECEIP            |                                     |               |   | ION B -      |           |               | S                             |                    |
| 1. Individual Con                                    | tributions                            | 1 -                   |                                     |               | 6. Transfers Out  |              |           |               |                               |                    |
| a. Itemized (fro                                     | om Schedule A                         | A): \$ / \( \left( \) | 5.00                                | (1a)          | a. Itemized (fro  | m Schedul    | le B):    | \$            | <del></del>                   | (6a)<br>           |
| b. Not-Itemized                                      | d:                                    | \$ 4                  | 0.00                                | (1b)          | b. Not-Itemized   | l:           |           | \$            |                               | (6b)               |
| 2. Transfers In                                      |                                       |                       | -                                   |               | 7. Loans made   |              |           |               |                               |                    |
| a. Itemized (fro                                     |                                       |                       |                                     | (2a)          | a. Itemized (fro  |              |           | \$            |                               | (7a)<br>- (7.      |
| b. Not-Itemized                                      |                                       | \$                    | (                                   | (2b)          | b. Not-Itemized   | 1:           |           | \$            |                               | – <sup>(7b)</sup>  |
| <ol><li>Loans Receive<br/>a. Itemized (fro</li></ol> |                                       | .): \$ -              |                                     | (3a)          | 8. Expenditures a. Itemized (fro  | m Schadul    | le R)·    | s / =         | 208.50                        | / (8a)             |
| b. Not-Itemized                                      |                                       | ·                     | `                                   | (3b)          | b. Not-Itemized   |              |           | \$ 0,00       | ×00.52                        | (8b)               |
| 4. Other Receipts                                    |                                       | ···                   |                                     | (30)          | 9. Independent Ex   |              |           | Ť             |                               | _ ()               |
| a. Itemized (fro                                     |                                       | s): \$                | (                                   | (4a)          | a. Itemized (fro  | •            |           | \$            |                               | (9a)               |
| b. Not-Itemized                                      | l:                                    | \$                    | (                                   | (4b)          | b. Not-Itemized   | l:           |           | \$            |                               | (9b)               |
| TOTAL RECEI  | PTS (1a thru                          | 4b) \$ ${}$           | 245.00                              |               | TOTAL EXPENDITU   | JRES (6a t   | hru 9b)   | \$ 6,5        | 108.5                         | <u>_</u> <         |
| ********   | ******                                | *******               | ******                              | ****          | SECTION C   | - DEBT       | S AND     | OBLIG/        | ATIONS                        |                    |
|  |                                       |                       |                                     |               |   | previously   | -         | unpaid de     | ebts)                         |                    |
|  |                                       |                       |                                     | ŀ             | 10. a. Itemized (fro  |              | ,         | \$            |                               | (10a)<br>-         |
| 5. In-Kind Contri                                    |                                       | . • 0                 | 0 06 (                              | · - \         | b. Not-Itemized   |              |           | \$            |                               | – <sup>(10b)</sup> |
| a. Itemized (fro     b. Not-Itemized                 | ,                                     |                       | 0 '                                 | (5a)          | TOTAL DEBTS   |              |           | ΦΦ<br>201 ANO | `E                            | <b>=</b>           |
|  | IN-KIND (5a+                          |                       | <del></del> `                       | (5b)          | Cash available at the   | ION D - (    |           | MLANC         | <u> </u>                      |                    |
| 1017.2   | (00.                                  | - L                   | 8.00                                |               |   | e reporting  |           | s 10          |                               | <b>(</b> A)        |
| Name & address                                       |                                       |                       |                                     | <u>ın</u> the | Total Receipts  |              | •         | <del></del>   | 95.00                         | 스 (B)              |
| C  | ommittee's c                          | hairman or trea       | surer:                              |               | •   |              |           |               | 79.00                         | <u>2</u> (€)       |
|  |                                       | <del>-</del>          | <del> </del>                        | ]             |   | Cash (A) p   |           | 47,           | $\frac{3}{2}$                 |                    |
|  | · · · · · · · · · · · · · · · · · · · |                       |                                     | -             | Total Expenditures Funds available  |              |           | ₹ <u>6,0</u>  | 108:24                        | <u>5</u> (D)       |
|  |                                       |                       | <del></del>                         |               |   |              |           | •             | G / ///                       | 1 (=)              |
|  |                                       |                       |                                     |               | reporting per   |              |           | \$ 3,1        | 86-7                          |                    |
|  |                                       | <del></del>           |                                     |               |   | STMENTS      | IOIAL:    | \$            |                               | (F)                |
| BEEN EXAMINED BY M                                   | E AND TO THE BI                       | EST OF MY KNOWL       | CONTRIBUTIONS AN EDGE AND BELIEF IS | S A TRUE,     | ION<br>DITURES (INCLUDING ACC<br>CORRECT AND COMPLET<br>ATEMENT IS SUBJECT TO | TE REPORT A  | AS REQUIR | ED BY ART     | ICLE 9 OF T                   | HE                 |
| \$5000.  | ر مر ا                                | 200.0                 | 21111                               | · ·           |   | ~            | (         | apri          | 1730                          | 201                |
|  |                                       |                       |                                     |               |   | <del></del>  |           |               |                               |                    |

SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY

DATE

| NAME OF POLITICAL COMMITTEE: RI<br>Committee to Elect Laura J. Powers                  |   | REPORTING PERIOD                | FOR OFFICE USE ONLY                             |  |
|--|---|---------------------------------|---|--|
| do Nancy Ellis   | ,                                       |                                 |   |  |
| Cherry Valley, IL. 61016   | *************************************** | <u>/-// 3-3/-//</u><br>ROM THRU |   |  |
| SCHEDU   |   |                                 |   |  |
|  |   |                                 |   |  |
| RECEIP   |   |                                 |   |  |
| CHECK THE PART OF FORM D-2, SE   |   | LOANS BECEIVED                  |   |  |
| PART #1- INDIVIDUAL CONTRIBUTIONS INCLUDING TICKETS AND RAFFLE S.                      | ALES PAR                                | RT #3- INCLUDING<br>ENDORSER    | POLITICAL COMMITTEE  IDENTIFICATION No.         |  |
| TRANSFERS IN  PART #2- POLITICAL COMMITTEE CONTRIBUTION INCLUDING TICKET AND RAFFLE SA | 23499 11                                |                                 |   |  |
| SEE PAMPHLET "A GUID   | E TO CAMP                               | AIGN DISCLOSURE" FOR            | GUIDANCE.                                       |  |
| ITEMIZED RECEIPTS<br>FULL NAME, MAILING ADDRESS, AND ZIP<br>CODE                       | DATE<br>RECEIVED                        | AMOUNT OF EACH REC              | AGGREGATE EIPT AMOUNT FOR THIS REPORTING PERIOD |  |
| Carolyn Grune<br>P.O. Box 375  | 3-25-11                                 | \$ 20.00                        | \$ 20,00  |  |
| Poplar Grove IL. 61065   |   | EMPLOYER:                       | OCCUPATION:                                     |  |
| John Manning<br>3742 Lookout Dr.   | 2-20-11                                 | \$ 40.00                        | \$ 40.00  |  |
| Kockford, II. 61109  | 3742 Lookont Dr.<br>Rockford, IL. 61109 |                                 | OCCUPATION:                                     |  |
| Dorothy Paige Turner<br>3410 Treadway court  | 3-30-11                                 | \$ 25.00                        | \$ 25,00  |  |
| Rockford, IL. 61103  | ,                                       | EMPLOYER:                       | OCCUPATION:                                     |  |
| Linda Johnson<br>6/31 Carlsburg Lane   | Linda Johnson                           |                                 | \$ 50.00  |  |
| Hockford, IL. 61109  | 3-30-11                                 | EMPLOYER:                       | OCCUPATION:                                     |  |
| Diana Singletary<br>3591 N. Trainer Rd.<br>Rocktord, IL. 61114                         | 3-30-11                                 | \$ 20,00                        | \$ 20,00  |  |
| Rocktord, IL. 61114  |   | EMPLOYER:                       | OCCUPATION:                                     |  |
|  |   | \$                              | \$  |  |
|  |   | EMPLOYER:                       | OCCUPATION:                                     |  |
|  |   | \$                              | \$  |  |
|  |   | EMPLOYER:                       | OCCUPATION:                                     |  |
|  |   | \$ EMPLOYED:                    | OCCUPATION:                                     |  |
|  |   | EMPLOYER:                       | OCCUPATION.                                     |  |
|  |   | \$ EMPLOYED:                    | \$ OCCUPATION:                                  |  |
|  |   | EMPLOYER:                       |   |  |
| USE A SEPARATE SCHEDULE A FOR EACH PA  | ARTS 1, 2, 3, &                         | 4 TOTAL T                       | HIS PERIOD \$ 155,00                            |  |
|  | D4.05                                   | CHECK IF THIS IS THE            | LAST PAGE OF THIS PART ONLY                     |  |
|  | PAGE                                    |                                 |   |  |

| NAME OF POLITICAL COMMITTEE:   |  | REPORTING PERIOD |                       | FOR OFFICE USE ONLY |  |  |
|--|--|------------------|-----------------------|---------------------|--|--|
| committee to Elect Laura J.Po<br>C/o Nancy Ellis   | -   -  | - //             | 3-31-11               |                     |  |  |
| 6174 Deepwood Drive<br>Cherry Valley, IL. 61016  |  | ROM              | THRU                  |                     |  |  |
|  | . – .  |                  |                       | -                   |  |  |
| SCHEDU   | LE A   |                  |                       |                     |  |  |
| RECEIP   | TS   |                  |                       |                     |  |  |
| CHECK THE PART OF FORM D-2, SE   | CTION A, BEIN                                    | G ITEMIZ         | ZED:                  |                     |  |  |
| PART #1- INCLUDING TICKETS AND RAFFLE SALES PART #3- INCLUDING ENDORSER  |  |                  |                       |                     | CAL COMMITTEE  IDENTIFICATION No.                |  |
| TRANSFERS IN  PART #2- POLITICAL COMMITTEE CONTRIBUTIONS PART #4- OTHER RECEIPTS INCLUDING TICKET AND RAFFLE SALES |  |                  |                       |                     | 3499 11  |  |
| SEE PAMPHLET "A GUID   | E TO CAMPA                                       | AIGN D           | ISCLOSURE" FOR        | GUIDA               | NCE.   |  |
| ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE   | DATE<br>RECEIVED                                 | AMO              | DUNT OF EACH REC      | EIPT                | AGGREGATE<br>AMOUNT FOR THIS<br>REPORTING PERIOD |  |
| RPACE  | 3-10-11  | \$ [             | 3,000.00              |                     | \$   |  |
| 4949 Harrisonthue Suiteloa<br>Rockford - IL. 61108   |  |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
| R Pace   | 3-25-11  | \$               | 5,000,00              |                     | \$ 8,000.00                                      |  |
| 4949 Harrison Aug Suiteloa<br>ROCK ford, IL 61108  | , i  |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
| Northwestern Illinois Building<br>212 5. 15t - const.  | 3-21-11  | \$               | , 000,00<br>EMPLOYER: |                     | \$ J, OO, OO OCCUPATION:                         |  |
| Rockford, IL. 61104<br>Rockford United Labor- A.FL/CIO<br>2125.15t   | 3-28-11  | \$               | IOO. OO               |                     | \$ / OO.OO                                       |  |
| Rockford, IL. 6/104  |  | <del>,</del>     | EMPLOTER.             |                     | OCCOLATION.                                      |  |
|  |  | \$               |                       |                     | \$   |  |
|  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
|  |  | \$               |                       |                     | \$   |  |
|  |  |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
|  |  | \$               |                       |                     | \$   |  |
|  |  |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
|  |  | \$               |                       |                     | \$<br>   |  |
|  |  |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
|  |  | \$               |                       |                     | \$   |  |
|  |  |                  | EMPLOYER:             |                     | OCCUPATION:                                      |  |
| USE A SEPARATE SCHEDULE A FOR EACH PA  | RTS 1, 2, 3, &                                   | 4                | TOTAL                 | THIS PE             | RIOD \$ 9, 100,00                                |  |
|  | PAGE   |                  |                       |                     | AGE OF THIS PART ONLY                            |  |

NAME OF POLITICAL COMMITTEE:

COMMITTEE TO ELECT LHURD I POLICES

GO NAMEY ELLIG

GITY DOCT WOODDFILE.

CHERRY GALLEY, IL GIOIL 9745

1-1-11 3-31-11 FROM THRU

REPORTING PERIOD

FOR OFFICE USE ONLY

## SCHEDULE I IN-KIND CONTRIBUTIONS

POLITICAL COMMITTEE
IDENTIFICATION No.
23499 11

| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.                            |                  |                           |  |  |  |  |
|--|------------------|---------------------------|--|--|--|--|
| FULL NAME, MAILING ADDRESS,<br>AND ZIP CODE  | DATE<br>RECEIVED | AMOUNT OF EACH<br>RECEIPT | AGGREGATE AMOUNT<br>FOR THIS REPORTING<br>PERIOD |  |  |  |
| contributor R PACE 4949 Harrison, Hue. Suite 102 ROCKADON, IL- 61108                   | 3-10-11          | 98. ∞<br>EMPLOYER:        | 98.00<br>OCCUPATION                              |  |  |  |
| VENDOR PAID (if applicable) Vance Printing 2864 Bortells Drive Beloit, Wisconsin 53511 | Ŧ                | Postcards                 |  |  |  |  |
| CONTRIBUTOR  |                  |                           |  |  |  |  |
|  |                  | EMPLOYER:                 | OCCUPATION                                       |  |  |  |
| VENDOR PAID (if applicable)  |                  | DESCRIPTION               | <u> </u>   |  |  |  |
|  |                  |                           |  |  |  |  |
| CONTRIBUTOR  |                  |                           |  |  |  |  |
|  |                  | EMPLOYER:                 | OCCUPATION                                       |  |  |  |
| VENDOR PAID (if applicable)  |                  | DESCRIPTION               |  |  |  |  |
| CONTRIBUTOR  |                  |                           |  |  |  |  |
|  |                  | EMPLOYER:                 | OCCUPATION                                       |  |  |  |
| VENDOR PAID (if applicable)  |                  | DESCRIPTION               |  |  |  |  |
|  |                  | TOTAL TUO DE              | 98.00  |  |  |  |

| NAME OF POLITICAL COMMITTEE:                     | REPORTING PERIOD     | FOR OFFICE USE ONLY |
|--|----------------------|---------------------|
| LOGINITIEE TO ELECT LAURA J POLICES              |                      |                     |
| CLONANCY ELLIS                                   | 1-1-11 3-31-11       |                     |
| 6174 DEEPWOOD DK                                 |                      |                     |
| CHURRY VALLEY IL 101016 -9745                    | FROM THRU            |                     |
| SCHEDULE I                                       | <b>5</b>             |                     |
| SCHEDULE   | <b>-</b>             |                     |
| EXPENDITURE                                      |                      |                     |
| EXI ENDITORE                                     |                      |                     |
| CHECK THE PART OF FORM D-2 BEIN                  | POLITICAL COMMITTEE  |                     |
|  |                      | IDENTIFICATION No.  |
| PART #6 TRANSFERS OUT                            | PART #7 LOANS MADE   |                     |
| EXPENDITURES TO POLITICAL                        |                      | 23499 11            |
| COMMITTEES - INCLUDING TICKET & RAFFLE PURCHASES | PART #8 EXPENDITURES |                     |

| SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.            |                        |                        |             |   |  |  |
|--|------------------------|------------------------|-------------|---|--|--|
| ITEMIZED EXPENDITURES FULL NAME, MAILING ADDRESS, AND ZIP CODE         | DATE OF<br>EXPENDITURE | PURPOSE                | BENEFICIARY | AMOUNT OF EACH<br>EXPENDITURE THIS<br>REPORTING<br>PERIOD | AGGREGATE<br>AMOUNT THIS<br>REPORTING PERIOD |  |
| Vance Printing<br>2864 Bartells Drive<br>Beloit, WI. 53511             | 3-10-11                | Handouts<br>Yard signs | Committee   | 1,319.00  |  |  |
| Vance Printing<br>2864 Bartells Drive<br>Beloit, WI. 53511             |                        |                        |             | e 1,369.78  |  |  |
| Vance Printing<br>2864 Bartells Brive<br>Beloit, WI. 53511             | 3-30-11                | mail Piece             | Committe    | e 1,369.78  | 4,058.56                                     |  |
| Alex Finke<br>2101 Auburn street<br>Apt. 2E<br>Rockford, IL. 61103     | 3-15-11                | consultan              | Committe    | e 1,50000   | 1,500.00                                     |  |
| Connections Strategies<br>17 Gorham Street #1<br>Somervillemass. 02/44 | 3 <b>25</b> -11        | Phoning                | Committe    | 650.00  | 650,00                                       |  |
|  |                        |                        |             |   |  |  |
|  |                        |                        |             |   |  |  |
|  |                        |                        |             |   |  |  |

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

TOTAL THIS PERIOD \$ 6,208.56 CHECK IF LAST PAGE OF THIS SCHEDULE