TE BOADS	FORM			TIONS AND EXPENDITURES FOR OFFICE USE ONLY ETYPE OR PRINT IN BLACK INK)			
		Quarterl (check o	·	, 2 nd ,			
	D-2	☐ Final Re	nort /	STA	TE BOARD OF CO.	FATURIS	
ILINOIS	Amendment of the Report Indicated Above						
Full name and complete mailing address of Political Committee:				dicated Above 1	POLÍTICAL CO	1:25 MMTTEE	
Tuli harne and complete mailing address of Folitical Committee.					1 OLITICAL COI	VIIVII I L.L	
IL Motorized Recreational Power Equip PAC 2000 E Cornell Ave Springfield, IL 62703-3373					Committee	ID: 12300	
			CHE	CK IF ADDRESS CHANGE			
e-mail address:			IDENTIFICATION No.				
REPORTING PERIOD CASH AVAILABLE AT THE BEGINNING OF THE REPORTING				ALL POLITICAL COMMITTEES RETURN TO: STATE BOARD OF ELECTIONS			
FROM 6	30 D	ERIOD: \$ 2.3 epeat this amount in s	70.77	STATE BOARD OF ELECTIONS 2329 S MACARTHUR BLVD SPRINGFIELD, IL 62704-4503	OR JAMES R. TI	HOMPSON CENTER DLPH ST, STE 14-100 D, IL. 60601-3232	
	SECTION	A - RECEIPTS		SECTION B -	- EXPENDITUR	ES	
1. Individual Contributions				6. Transfers Out			
a. Itemized (fro	m Schedule	A): \$	(1a)	a. Itemized (from Sched	ule B): \$	(6a)	
b. Not-Itemized	l:	\$	(1b)	b. Not-Itemized:	\$	(6b)	
2. Transfers In				7. Loans made			
a. Itemized (from Schedule A); \$ (2a)			a. Itemized (from Sched	ule B): \$	(7a)		
b. Not-Itemized: \$ (2b)				b. Not-Itemized:	\$	(7b)	
3. Loans Received				8. Expenditures			
 a. Itemized (fror 	m Schedule A	A): \$	(3a)	a. Itemized (from Sched		(8a)	
b. Not-Itemized:\$(3b)			b. Not-Itemized:		(8b)		
4. Other Receipts			9. Independent Expenditur		(0.)		
a. Itemized (from Schedule A): \$ (4a) b. Not-Itemized (4b)			a. Itemized (from Sched	·	(9a)		
b. Not-Itemized:\$ (4b) TOTAL RECEIPTS (1a thru 4b)			b. Not-Itemized:\$ (9b)				
TOTAL RECEIP	-15 (1a thru	40) \$		TOTAL EXPENDITURES (6a			
**********	******	************	*******	SECTION C - DEB			
•					y reported unpaid d		
5. In-Kind Contrib				10. a. Itemized (from Schedub). Not-Itemized:		(10a) (10b)	
a. Itemized (from		· \$	(5a)	TOTAL DEBTS & OBLIG	, 	(10b)	
b. Not-Itemized	,		(5b)		CASH BALAN	`E	
	N-KIND (5a+		(05)	Cash available at the beginning			
				the reporting	-	7077(A)	
Name & address of person submitting this report <u>if other than</u> the committee's chairman or treasurer:				Total Receipts from Se	حمد ِ	(B)	
	Jillinitee s C	manman or treasu	i e i .	Total Cash (A)		(C)	
				Total Expenditures from Se		(D)	
				Funds available at the clo		(6)	
				•		7 7(F)	
				reporting period (C) m INVESTMENTS	_ 	$\frac{10}{10}$	
			VERIFICAT		TOTAL: D	(F)	
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							
Monno.	KI	(10)			7/10	//2	
SIGNATURE OF CO	OMMITTEE'S	TREASURER OR	CANDIDATE ONLY		/ p	ATE	

THIS FORM MAY BE REPRODUCED

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REVISED 1/1/11