



FORM

REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (CHECK APPROPRIATE BOXES) (PLEASE TYPE OR PRINT IN BLACK INK)

FOR OFFICE USE ONLY

D-2

- Quarterly Report: (check one) 1st, 2nd, 3rd, 4th
Final Report
Amendment of the Report Indicated Above

STATE BOARD OF ELECTIONS

12 OCT 17 AM 9:07
POLITICAL COMMITTEE

Committee ID: 257
11

Full name and complete mailing address of Political Committee:

Hancock County Democrats
c/o Valeri Dittner
2330 E County Rd 1950
Burnside, IL 62330-5335

CHECK IF ADDRESS CHANGE

IDENTIFICATION No.

e-mail address:

Table with reporting period (7-1-12 to 9-30-12), cash available at the beginning (\$7,237.74), and return to (State Board of Elections)

SECTION A - RECEIPTS

- 1. Individual Contributions
a. Itemized (from Schedule A): \$ -0- (1a)
b. Not-Itemized: \$ 5.00 (1b)
2. Transfers In
a. Itemized (from Schedule A): \$ 1,000.00 (2a)
b. Not-Itemized: \$ -0- (2b)
3. Loans Received
a. Itemized (from Schedule A): \$ -0- (3a)
b. Not-Itemized: \$ -0- (3b)
4. Other Receipts
a. Itemized (from Schedule A): \$ -0- (4a)
b. Not-Itemized: \$ -0- (4b)
TOTAL RECEIPTS (1a thru 4b) \$ 1,000.00

SECTION B - EXPENDITURES

- 6. Transfers Out
a. Itemized (from Schedule B): \$ -0- (6a)
b. Not-Itemized: \$ -0- (6b)
7. Loans made
a. Itemized (from Schedule B): \$ -0- (7a)
b. Not-Itemized: \$ -0- (7b)
8. Expenditures
a. Itemized (from Schedule B): \$ -0- (8a)
b. Not-Itemized: \$ -0- (8b)
9. Independent Expenditures
a. Itemized (from Schedule B-9): \$ -0- (9a)
b. Not-Itemized: \$ -0- (9b)
TOTAL EXPENDITURES (6a thru 9b) \$ -0-

SECTION C - DEBTS AND OBLIGATIONS

- 10. a. Itemized (from Schedule C): \$ -0- (10a)
b. Not-Itemized: \$ -0- (10b)
TOTAL DEBTS & OBLIGATIONS: \$ -0-

SECTION D - CASH BALANCE

Cash available at the beginning of the reporting period: \$ 7,237.74 (A)
Total Receipts from Section A: \$ 1,000.00 (B)
Total Cash (A) plus (B): \$ 8,237.74 (C)
Total Expenditures from Section B: \$ -0- (D)
Funds available at the close of the reporting period (C) minus (D): \$ 8,237.74 (E)
INVESTMENTS TOTAL: \$ -0- (F)

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

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

Signature of Valeri Dittner

10-10-12

SIGNATURE OF COMMITTEE'S TREASURER OR CANDIDATE ONLY

DATE

NAME OF POLITICAL COMMITTEE:

REPORTING PERIOD

Hancock County Democrats

7-1-12 FROM 4-30-12 THRU

FOR OFFICE USE ONLY

# SCHEDULE A RECEIPTS

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

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

POLITICAL COMMITTEE IDENTIFICATION

No. 257.11

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
ILCOE Local 649 12408 W Penn Rd Ponca, IL 61604-5294	8-3-12	\$ 1,000.00 EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ EMPLOYER:	\$ OCCUPATION:
		\$ 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 \$ 1,000.00

CHECK IF THIS IS THE LAST PAGE OF THIS PART ONLY

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