



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



50021

Form **8872**
(July 2000)

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning JULY 01 2004 and ending SEPTEMBER 30 2004

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization ILLINOIS POLITICAL FUND Employer identification number 36: 4049727

2 Mailing address (P.O. Box or number, street, and room or suite number)
10400 WEST HIGGINS ROAD, SUITE 500
City or town, state, and ZIP code
ROSEMONT, IL 60018-3705

3 E-mail address of organization _____ **4** Date organization was formed 01/01/96

5a Name of custodian of records RONALD E. POWELL **5b** Custodian's address 10400 WEST HIGGINS ROAD, SUITE 500
ROSEMONT, IL 60018-3705

6a Name of contact person RONALD E. POWELL **6b** Contact person's address 10400 WEST HIGGINS ROAD, SUITE 500
ROSEMONT, IL 60018-3705

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
SAME AS ABOVE
City or town, state, and ZIP code

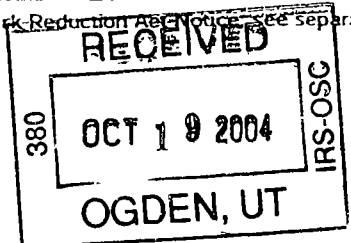
8 Type of report (check only one box)

- a First quarterly report (due by April 15)
- b Second quarterly report (due by July 15)
- c Third quarterly report (due by October 15)
- d Year-end report (due by January 31)
- e Mid-year report (Non-election year only-due by July 31)
- f Monthly report for the month of _____ (due by the 20th day following the month shown above, e.g., the December report, which is due by January 31)
- g Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____
- h Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A)	9	<u>0.00</u>
10 Total amount of reported expenditures (total from all attached Schedules B)	10	<u>28000.00</u>

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official Ronald E. Powell **RONALD E. POWELL, TREASURER** Date OCTOBER 06, 2004



23

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization ILLINOIS POLITICAL FUND		Employer identification number 36-4049727
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$ 0.00

Schedule B Itemized Expenditures

Name of organization

Employer identification number

ILLINOIS POLITICAL FUND

36 4049727

Recipient's name, mailing address and ZIP code SEE ATTACHED PAGE FOR DETAIL...	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872. **\$ 28000.00**



SCHEDULE B Itemized Expenditures

Name of Organization

Employer Identification Number

ILLINOIS POLITICAL FUND

36-4049727

Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period
FRIENDS OF JOHN D'AMICO 4406 WEST LAWRENCE AVENUE CHICAGO, IL 60630	COMMITTEE Same as recipient	\$ 1,000 00
JOHN SULLIVAN FOR SENATE P O BOX 224 RUSHVILLE, IL 62681-0224	COMMITTEE Same as recipient	\$ 1,000 00
CITIZENS FOR JESSE WHITE 134 NORTH LASALLE STREET, SUITE 1814 CHICAGO, IL 60630	COMMITTEE Same as recipient	\$ 1,000 00
WILL COUNTY DEMOCRATIC PARTY P O BOX 4242 JOLIET, IL 60434-4242	COMMITTEE Same as recipient	\$ 5,000 00
CITIZENS FOR EMIL JONES P O BOX 641690 CHICAGO, IL 60664	COMMITTEE Same as recipient	\$ 10,000 00
DEMOCRATIC PARTY OF ILLINOIS P O BOX 518 SPRINGFIELD, IL 62705	COMMITTEE Same as recipient	\$ 10,000 00
Subtotal of expenditures reported - 3rd Quarter		\$ 28,000.00