

No Schedule A results to display.

Schedule B: In-Kind Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location 4. Service/Goods Received 5. Basis used to Determine Value	Date Received	Contribution This Period	Aggregate To Date
Rossi, Carmen 938 Shetland Dr Frankfort, IL 60423-8756	1. Self Employed 2. Restaurateur 3. Frankfort IL 4. Inkind Event Expenses 5. ActualCost	08/15/2016	\$25,000.00	\$25,000.00
Total This Period				

No Schedule E-1 results to display.	
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