

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
CITIZENS FOR RUSH

ADDRESS (number and street) P. O. Box 7292
 Check if different than previously reported. (ACC) CHICAGO IL 60680-7292

2. **FEC IDENTIFICATION NUMBER** C C00257121 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
IL 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sheila L. Jackson

Signature of Treasurer Sheila L. Jackson *[Electronically Filed]* Date M M / D D / Y Y Y Y 02 / 01 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CITIZENS FOR RUSH

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	70015.00	185020.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	70015.00	185020.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	65385.99	216664.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65385.99	216664.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	39798.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25589.43	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CITIZENS FOR RUSH

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	5250.00
(ii) Unitemized.....	15.00	270.00
(iii) TOTAL of contributions from individuals ▶	515.00	5520.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	69500.00	179500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	70015.00	185020.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	70015.00	185020.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65385.99	216664.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	750.00	9550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	66135.99	226214.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35919.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	70015.00
25. SUBTOTAL (add Line 23 and Line 24).....	105934.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66135.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	39798.63

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
James Greene

Mailing Address 408 New Jersey Ave., NW

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercury Stratgies Occupation Attorney/Lobbyist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.17310

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)

Mailing Address 4301 WILSON BLVD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11C.17110

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION-COPE

Mailing Address 5025 WISCONSIN AVE. N.W.

City State Zip Code
WASHINGTON DC 20016-4139

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : SA11C.17114

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 9111 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11C.17112

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

A. Mailing Address 1625 L STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2015

Transaction ID : SA11C.17120

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE; THE (GASPAC)

Mailing Address 400 N. Capitol St. N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11C.17111

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Mailing Address 8280 WILLOW OAKS CORPORATE DRIVE
SUITE 500

City State Zip Code
FAIRFAX VA 22031

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11C.17170

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS INCORPORATED POLITICAL ACTION COMMITTEE

A. Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 05 2015

Transaction ID : SA11C.17113

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS INCORPORATED POLITICAL ACTION COMMITTEE

B. Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2015

Transaction ID : SA11C.17119

Amount of Each Receipt this Period
 1500.00

Full Name (Last, First, Middle Initial)
AMERIPAC: THE FUND FOR A GREATER AMERICA

C. Mailing Address 700 13TH STREET NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 18 2015

Transaction ID : SA11C.17148

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

7500.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11C.17153

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11C.17154

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
BUILD AMERICA PAC

Mailing Address 153-01 JAMAICA AVENUE
SUITE 535

City JAMAICA State NY Zip Code 11432

FEC ID number of contributing federal political committee. **C** C00377143

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.17158

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 422

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00399196

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11C.17168

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
CALPINE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 50 West San Fernando Street

City San Jose State CA Zip Code 95113

FEC ID number of contributing federal political committee. **C** C00362640

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11C.17138

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
CARPENTERS LEGISLATIVE IMPROVEMENT COMM, UNITED BROTHERHOOD OF CARPENTERS & JOINERS OF AME

Mailing Address 101 CONSTITUTION AVENUE NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : SA11C.17320

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2015

Transaction ID : SA11C.17118

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2015

Transaction ID : SA11C.17109

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 400 South Tryon Street ST06F

City State Zip Code
Charlotte NC 28285

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015

Transaction ID : SA11C.17152

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

A. Mailing Address 1125 17TH ST. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11C.17157

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
FLUOR CORPORATION POLITICAL ACTION COMMITTEE (FLUOR PAC)

B. Mailing Address 6700 Las Colinas Boulevard

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11C.17136

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
FORD MOTOR COMPANY CIVIC ACTION FUND

C. Mailing Address % COMERICA BANK PAC SERVICES
MC 2250

City DETROIT State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11C.17115

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
GOOGLE INC. NETPAC

Mailing Address 1101 New York Ave NW
Second Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.17162

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 Seventh St, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11C.17166

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
IRONWORKERS POLITICAL ACTION LEAGUE

Mailing Address 1750 NY AVE, NW SUITE 400

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00027359**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11C.17135

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

12500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

A. Mailing Address 317 MASSACHUSETTS AVENUE NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11C.17128

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
REALTORS POLITICAL ACTION COMMITTEE

B. Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2015

Transaction ID : SA11C.17156

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

C. Mailing Address 5201 AUTH WAY

City State Zip Code
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11C.17129

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
SHORE PAC

Mailing Address **P.O. BOX 3157**

City **LONG BRANCH** State **NJ** Zip Code **07740**

FEC ID number of contributing federal political committee. **C C00410308**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : SA11C.17150

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)

Mailing Address **401 9th STREET NW SUITE 550**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11C.17107

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
T-MOBILE USA INC. POLITICAL ACTION COMMITTEE (T-PAC)

Mailing Address **401 9th STREET NW SUITE 550**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11C.17108

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2015

Transaction ID : SA11C.17143

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION PAC)

Mailing Address 1717 ARCH STREET 47TH FL S

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.17163

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
WALGREEN CO PAC

Mailing Address 200 WILMOT ROAD MS #2255

City State Zip Code
DEERFIELD IL 60015

FEC ID number of contributing federal political committee. **C C00160770**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : SA11C.17134

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

69500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address Not Available			Amount of Each Disbursement this Period 107.62	
City Chicago	State IL	Zip Code 60600	Transaction ID : SB17.17190	
Purpose of Disbursement Automobile Insurance		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Allstate Insurance Company			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address Not Available			Amount of Each Disbursement this Period 111.95	
City Chicago	State IL	Zip Code 60600	Transaction ID : SB17.17216	
Purpose of Disbursement AUTOMOBILE INSURANCE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. SAMUEL ANDERSON			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015	
Mailing Address 8937 S. EAST END			Amount of Each Disbursement this Period 300.00	
City CHICAGO	State IL	Zip Code 60617	Transaction ID : SB17.17266	
Purpose of Disbursement BINDER CHECK CAMPAIGN WORKER		Category/ Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional)	219.57
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 499 South Capitol Street SW Suite 422		Amount of Each Disbursement this Period 16000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising & Solicitation Fees	Transaction ID : SB17.17175
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 416.30
City Carol Stream State IL Zip Code 60197-6463	Purpose of Disbursement Mobile telephone service & equipment	Transaction ID : SB17.17189
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 236.98
City Carol Stream State IL Zip Code 60197-6463	Purpose of Disbursement MOBILE TELEPHONE EQUIPMENT	Transaction ID : SB17.17210
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16653.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015	
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 513.32	
City Carol Stream	State IL		Zip Code 60197-6463
Purpose of Disbursement Mobile Telephone Equipment	Category/ Type 001		
Candidate Name		Transaction ID : SB17.17193	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 493.34	
City Carol Stream	State IL		Zip Code 60197-6463
Purpose of Disbursement Mobile Telephone Service	Category/ Type 001		
Candidate Name		Transaction ID : SB17.17215	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Laliq Bearden		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015	
Mailing Address N/A		Amount of Each Disbursement this Period 300.00	
City Chicago	State IL		Zip Code 60619
Purpose of Disbursement PETITION CHALLENGE WORKER	Category/ Type 005		
Candidate Name		Transaction ID : SB17.17262 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	1006.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Latonya Berry-Tucker		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 1504 East 77th Street		Amount of Each Disbursement this Period 180.00
City Chicago	State IL Zip Code 60619	
Purpose of Disbursement Binder Check Worker	Category/Type 005	Transaction ID : SB17.17303 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Patricia Chatman		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 4813 S. Prairie Ave		Amount of Each Disbursement this Period 200.00
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Binder Check Worker	Category/Type 005	Transaction ID : SB17.17305 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Larry Childres		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2015
Mailing Address 11554 S. Morgan		Amount of Each Disbursement this Period 120.00
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement Petition Circulator	Category/Type 005	Transaction ID : SB17.17229 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. CubeSmart IL. Chicago East			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015	
Mailing Address 407 E. 25th Street			Amount of Each Disbursement this Period 813.00	
City Chicago	State IL	Zip Code 60616	Transaction ID : SB17.17174	
Purpose of Disbursement Storage Space Rental		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Daniel Dawkins			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 11834 S. Indiana Ave.			Amount of Each Disbursement this Period 300.00	
City Chicago	State IL	Zip Code 60628	Transaction ID : SB17.17241	
Purpose of Disbursement Audio Sound System for Event		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Martin Fountain			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 7733 South Shore			Amount of Each Disbursement this Period 40.00	
City Chicago	State IL	Zip Code 60600	Transaction ID : SB17.17308	
Purpose of Disbursement binder check worker		Category/ Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1113.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Dorothy Hall		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 22507 Amy Drive		Amount of Each Disbursement this Period 300.00
City Richton Park	State IL	
Zip Code 60471		Transaction ID : SB17.17263
Purpose of Disbursement PETITION CHALLENGE - SERVICES RENDERED		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:		
Category/Type 005		

Full Name (Last, First, Middle Initial) B. HOOTERS OF LANSING		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 17060 S. TORRENCE		Amount of Each Disbursement this Period 21.17
City LANSING	State IL	
Zip Code 60438		Transaction ID : SB17.17248
Purpose of Disbursement FOOD		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:		
Category/Type 002		

Full Name (Last, First, Middle Initial) c. Sheila L. Jackson		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address P.O. Box 8443		Amount of Each Disbursement this Period 580.00
City Chicago	State IL	
Zip Code 60680-8443		Transaction ID : SB17.17192
Purpose of Disbursement Accounting Fee and Postage		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:		
Category/Type 001		

SUBTOTAL of Disbursements This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2015
Mailing Address P.O. Box 8443		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.17177
City Chicago	State IL	
Purpose of Disbursement Accounting Services		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Sheila L. Jackson		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address P.O. Box 8443		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.17181
City Chicago	State IL	
Purpose of Disbursement Petition Drive Stipends for workers		Category/ Type 005
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Sheila L. Jackson		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2015
Mailing Address P.O. Box 8443		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.17209
City Chicago	State IL	
Purpose of Disbursement CASH TO PAY PETITION WORKERS		Category/ Type 005
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address P.O. Box 8443			Amount of Each Disbursement this Period 840.00	
City Chicago	State IL	Zip Code 60680-8443	Transaction ID : SB17.17207	
Purpose of Disbursement CASH FOR WORKERS - PETITION DRIVE		Category/ Type 005		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Sheila L. Jackson			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address P.O. Box 8443			Amount of Each Disbursement this Period 875.00	
City Chicago	State IL	Zip Code 60680-8443	Transaction ID : SB17.17214	
Purpose of Disbursement stipends for petition drive		Category/ Type 005		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Sheila L. Jackson			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015	
Mailing Address P.O. Box 8443			Amount of Each Disbursement this Period 1250.00	
City Chicago	State IL	Zip Code 60680-8443	Transaction ID : SB17.17271	
Purpose of Disbursement SERVICES RENDERED		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2965.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address P.O. Box 8443		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.17237
City Chicago	State IL Zip Code 60680-8443	
Purpose of Disbursement Stipends for Binder Check/Springfield Workers		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. John's Garage		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2015
Mailing Address Requested		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.17203
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement AUTOMOBILE REPAIR		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LIANG'S GARDEN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 18117 BRITTANY LN		Amount of Each Disbursement this Period 30.50 Transaction ID : SB17.17252 [MEMO ITEM]
City LANSING	State IL Zip Code 00000	
Purpose of Disbursement MEALS		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. LOVES		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 991 Ann Rutledge Road		Amount of Each Disbursement this Period 18.39
City Williamsville	State IL	
Zip Code 62693	Purpose of Disbursement Gasoline	Transaction ID : SB17.17243 [MEMO ITEM]
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Elaine Lyles		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 11554 S. Morgan		Amount of Each Disbursement this Period 260.00
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement petition circulation	Transaction ID : SB17.17227 [MEMO ITEM]
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Michael Lyles		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 11554 South Morgan Street		Amount of Each Disbursement this Period 180.00
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement PETITION CIRCULATION	Transaction ID : SB17.17225 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Marathon Gasoline		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address Not available		Amount of Each Disbursement this Period 722.22 Transaction ID : SB17.17250
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement gasoline	[MEMO ITEM]
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MARRIOT St. Louis Grand Hotel		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address Requested		Amount of Each Disbursement this Period 722.22 Transaction ID : SB17.17211
City St. Louis	State MO	
Zip Code 00000	Purpose of Disbursement Hotel accommodations for Member	[MEMO ITEM]
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. LaDonna McCauly		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 7136 S. May		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.17297
City Chicago	State IL	
Zip Code 60621	Purpose of Disbursement Binder Check Worker	[MEMO ITEM]
Candidate Name	005 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	722.22
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. McDonald's		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 991 Ritledge RoAD		Amount of Each Disbursement this Period 11.61
City WILLIAMSVILLE	State IL	
Zip Code 00000	Purpose of Disbursement FOOD	Transaction ID : SB17.17245
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. McDonald's		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 991 Ritledge RoAD		Amount of Each Disbursement this Period 3.24
City WILLIAMSVILLE	State IL	
Zip Code 00000	Purpose of Disbursement COFFEE	Transaction ID : SB17.17247
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. NAFERTTI COFFEE		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address REQUESTED		Amount of Each Disbursement this Period 250.00
City CHICAGO	State IL	
Zip Code 60600	Purpose of Disbursement CATERING -	Transaction ID : SB17.17205
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. O'REILY AUTO PARTS			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 2415 RIDGE ROAD			Amount of Each Disbursement this Period 21.67
City LANSING	State IL	Zip Code 60438	Transaction ID : SB17.17258 [MEMO ITEM]
Purpose of Disbursement OIL & ANTIFREEZE		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Office Depot			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 5420 S. Lake Park Ave.			Amount of Each Disbursement this Period 10.68
City Chicago	State IL	Zip Code 60615	Transaction ID : SB17.17236 [MEMO ITEM]
Purpose of Disbursement Office Supplies for Petition Drive		Category/ Type 005	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Office Depot			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 5420 S. Lake Park Ave.			Amount of Each Disbursement this Period 50.20
City Chicago	State IL	Zip Code 60615	Transaction ID : SB17.17218
Purpose of Disbursement Office Supplies		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	50.20
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. PARK SERVICE STATION			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015	
Mailing Address 18025 TORRENCE			Amount of Each Disbursement this Period 20.00	
City LANSING	State IL	Zip Code 60438	Transaction ID : SB17.17254	
Purpose of Disbursement GASOLINE		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Janis Pass			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 418 W. 116th			Amount of Each Disbursement this Period 160.00	
City Chicago	State IL	Zip Code 60628	Transaction ID : SB17.17234	
Purpose of Disbursement Petition Services		Category/ Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. David Patterson			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 8730 Grasmere Court			Amount of Each Disbursement this Period 750.00	
City Fort Washington	State MD	Zip Code 20744	Transaction ID : SB17.17269	
Purpose of Disbursement SERVICES RENDERED		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Takoa S. Phillips			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015	
Mailing Address 6650 S. Stewart Ave.			Amount of Each Disbursement this Period 300.00	
City Chicago	State IL	Zip Code 60621	Transaction ID : SB17.17265	
Purpose of Disbursement BINDER CHECK - SERVICES RENDERED		Category/ Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Takoa S. Phillips			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015	
Mailing Address 6650 S. Stewart Ave.			Amount of Each Disbursement this Period 225.00	
City Chicago	State IL	Zip Code 60621	Transaction ID : SB17.17273	
Purpose of Disbursement SERVICES RENDERED		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. John Preston			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015	
Mailing Address 3757 S Wabash #102			Amount of Each Disbursement this Period 55.00	
City Chicago	State IL	Zip Code 60653	Transaction ID : SB17.17260	
Purpose of Disbursement SERVICES RENDERED		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. John Preston		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 3757 S Wabash #102		Amount of Each Disbursement this Period 300.00
City Chicago State IL Zip Code 60653	Purpose of Disbursement CAMPAIGN WORK Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17261 [MEMO ITEM]
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Thurman Roberson		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 8845 S. Richmond		Amount of Each Disbursement this Period 132.00
City Evergreen Park State IL Zip Code 60805	Purpose of Disbursement Binder Check Worker Category/Type 005	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17302 [MEMO ITEM]
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. BOBBY LEE RUSH		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2015
Mailing Address 3534 SOUTH CALUMET AVE		Amount of Each Disbursement this Period 1210.40
City CHICAGO State IL Zip Code 60653	Purpose of Disbursement CASH FOR AIRLINE TICKETS AND RENTAL CAR Category/Type 002	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17208
State: IL District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1210.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Carolyn A. Rush		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 3534 S. Calumet Ave.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.17182
City Chicago State IL Zip Code 60653	Purpose of Disbursement Consulting Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Carolyn A. Rush		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 3534 S. Calumet Ave.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.17197
City Chicago State IL Zip Code 60653	Purpose of Disbursement Consulting Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Carolyn A. Rush		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015
Mailing Address 3534 S. Calumet Ave.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.17240
City Chicago State IL Zip Code 60653	Purpose of Disbursement Consultant Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Carolyn A. Rush		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 3534 S. Calumet Ave.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.17284
City Chicago State IL Zip Code 60653	Purpose of Disbursement January Consulting Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cora Rush		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 18117 Brittany		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.17307 [MEMO ITEM]
City Lansing State IL Zip Code 60438	Purpose of Disbursement Binder Check Worker 005 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Marlon Rush		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 1782.00 Transaction ID : SB17.17242
City Lansing State IL Zip Code 60438	Purpose of Disbursement FUNDS TO PAY BINDER CHECK WORKERS 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4282.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 49	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Marlon Rush		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.17268
City Lansing	State IL	
Zip Code 60438	Purpose of Disbursement FUNDS TO PAY SPRINGFIELD WORKERS & EXPENSES	Category/ Type 005
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Darius Shannon		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 111 W. 70th Street		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.17223 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement petition circulation	Category/ Type 005
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Shiller Preyar Law Office		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 601 S. California Avenue		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.17286
City Chicagoo	State IL	
Zip Code 60612	Purpose of Disbursement LEGAL SERVICES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Victoria Snow			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015	
Mailing Address Requested			Amount of Each Disbursement this Period 1500.00	
City Chicago	State IL	Zip Code 60600	Transaction ID : SB17.17178	
Purpose of Disbursement Services Rendered		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Walter Sparkman			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015	
Mailing Address P.O. Box 19242			Amount of Each Disbursement this Period 600.00	
City Chicago	State IL	Zip Code 60619	Transaction ID : SB17.17220	
Purpose of Disbursement Stipends for petitions		Category/ Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Walter Sparkman			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015	
Mailing Address P.O. Box 19242			Amount of Each Disbursement this Period 240.00	
City Chicago	State IL	Zip Code 60619	Transaction ID : SB17.17221	
Purpose of Disbursement Petition Circulation		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Walter Sparkman			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015	
Mailing Address P.O. Box 19242			Amount of Each Disbursement this Period 35.00	
City Chicago	State IL	Zip Code 60619	Transaction ID : SB17.17222	
Purpose of Disbursement PETITION CIRCULATION		Category/ Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. State of Illinois			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 100 West Randolph Street			Amount of Each Disbursement this Period 3733.00	
City Chicago	State IL	Zip Code 60601	Transaction ID : SB17.17285	
Purpose of Disbursement PETITION COPIES		Category/ Type 005		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. TACTICAL RESOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2015	
Mailing Address 812 East 47th Place			Amount of Each Disbursement this Period 3475.00	
City Chicago	State IL	Zip Code 60653	Transaction ID : SB17.17289	
Purpose of Disbursement SERVICES RENDERED - PETITION CHALLENGE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7208.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Kashida Tucker			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015	
Mailing Address 1504 E 77th St			Amount of Each Disbursement this Period 750.00	
City Chicago	State IL	Zip Code 60619	Transaction ID : SB17.17291	
Purpose of Disbursement Campaign Workers for Petition Challenge - to pay workers		Category/Type 005	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Urban Partnership Bank			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015	
Mailing Address PO Box 19260			Amount of Each Disbursement this Period 22.38	
City Chicago	State IL	Zip Code 60619-0260	Transaction ID : SB17.17191	
Purpose of Disbursement Service Charges		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Urban Partnership Bank			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address PO Box 19260			Amount of Each Disbursement this Period 26.98	
City Chicago	State IL	Zip Code 60619-0260	Transaction ID : SB17.17194	
Purpose of Disbursement BANK SERVICE CHARGES		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	49.36
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 49		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Urban Partnership Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 19260		Amount of Each Disbursement this Period 23.91
City Chicago	State IL Zip Code 60619-0260	
Purpose of Disbursement BANK SERVICE CHARGE	Category/Type 001	Transaction ID : SB17.17217
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Nkem Uwagboi		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 2101 S. Michigan # 1902		Amount of Each Disbursement this Period 60.00
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement petition circulator	Category/Type 005	Transaction ID : SB17.17231 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Nkem Uwagboi		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 2101 S. Michigan # 1902		Amount of Each Disbursement this Period 60.00
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement Petition Circulator	Category/Type 006	Transaction ID : SB17.17233 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	23.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 49	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Rev. Stanley Watkins		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 1241 East 98th Street		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.17213
City Chicago	State IL Zip Code 60628	
Purpose of Disbursement Stipends for petition drive	Category/Type 005	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Charles West		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 7112 S. May		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.17300 [MEMO ITEM]
City Chicago	State IL Zip Code 60621	
Purpose of Disbursement binder Check Worker	Category/Type 005	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WHITE CASTLE		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address NOT AVAILABLE		Amount of Each Disbursement this Period 20.55 Transaction ID : SB17.17256 [MEMO ITEM]
City NOT AVAILABLE	State IL Zip Code 00000	
Purpose of Disbursement MEALS	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 49			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Leila Wills			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address Requested			Amount of Each Disbursement this Period 2200.00	
City Chicago	State IL	Zip Code 60600	Transaction ID : SB17.17270	
Purpose of Disbursement CAMPAIGN STAFF ASSISTANT		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Leila Wills			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015	
Mailing Address Requested			Amount of Each Disbursement this Period 1000.00	
City Chicago	State IL	Zip Code 60600	Transaction ID : SB17.17238	
Purpose of Disbursement Campaign Assistant		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	64658.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. State Minister's Wives		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2015
Mailing Address Requested		Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.17185
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Dinner Contribution	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TRC - BRONZEVILLE GREEN		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 3858 S. Wavash Ave.		Amount of Each Disbursement this Period 450.00 Transaction ID : SB21.17186
City Chicago	State IL	
Zip Code 60653	Purpose of Disbursement Donaton - Tickets	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Amber, Inn

Mailing Address 3901 S. Michigan Avenue

City State Zip Code
 Chicago IL 60653

Nature of Debt (Purpose):
 Space Rental

Outstanding Balance Beginning This Period **Transaction ID : SD10.2928**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Apostolic Faith Church

Mailing Address 3823 S. Indiana Ave.

City State Zip Code
 Chicago IL 60653

Nature of Debt (Purpose):
 Refund

Outstanding Balance Beginning This Period **Transaction ID : SD10.457**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
A T & T

Mailing Address Bill Payment Center

City State Zip Code
 Chicago IL 60600

Nature of Debt (Purpose):
 LONG DISTANCE

Outstanding Balance Beginning This Period **Transaction ID : SD10.2909**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3118.61"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leah Bloomenthal	Nature of Debt (Purpose): Office Supplies
Mailing Address 6325 N. Sheridan	
City State Zip Code Chicago IL 60647	

Outstanding Balance Beginning This Period 62.40	Transaction ID : SD10.458	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chubb Group Insurance Companies	Nature of Debt (Purpose): Insurance
Mailing Address 30 N. LaSalle Suite 3510	
City State Zip Code Chicago IL 60602	

Outstanding Balance Beginning This Period 1910.00	Transaction ID : SD10.2924	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1910.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Citizens for Gary Lapille	Nature of Debt (Purpose): Refund
Mailing Address P.O. Box 64665	
City State Zip Code Chicago IL 60664-1664	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.459	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) SUBTOTALS This Period This Page (optional)	3972.40
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ComEd	Nature of Debt (Purpose): Electricity
Mailing Address Bill Payment Center	
City Chicago State IL Zip Code 60600	

Outstanding Balance Beginning This Period <input type="text" value="9.96"/>	Transaction ID : SD10.8787	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9.96"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friends of Bobby Rush	Nature of Debt (Purpose): Estimated Debt for Space usage. Actual amount To Be Determined'
Mailing Address P.O. Box 7292	
City Chicago State IL Zip Code 60680-7292	

Outstanding Balance Beginning This Period <input type="text" value="2100.00"/>	Transaction ID : SD10.16392	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grainger Terry, Inc.	Nature of Debt (Purpose): Printing & Mailing
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor	
City Chicago State IL Zip Code 60609	

Outstanding Balance Beginning This Period <input type="text" value="6890.00"/>	Transaction ID : SD10.11451	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6890.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8999.96"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charisse Hodges	Nature of Debt (Purpose): Salary
Mailing Address 3348 S. Giles Ave.	
City State Zip Code Chicago IL 60616	

Outstanding Balance Beginning This Period 850.00	Transaction ID : SD10.460	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Biery Communications	Nature of Debt (Purpose): Public Relations Fee
Mailing Address 435 W. Wisconsin	
City State Zip Code Chicago IL 60614	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.461	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori Ann Bass & Associates	Nature of Debt (Purpose): Fundraising Fee
Mailing Address 730 N. Franklin	
City State Zip Code Chicago IL 60611	

Outstanding Balance Beginning This Period 94.54	Transaction ID : SD10.462	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 94.54

1) SUBTOTALS This Period This Page (optional)	1944.54
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gil N. McCoy	Nature of Debt (Purpose): Refund
Mailing Address 5210 S. Blackstone	
City State Zip Code Chicago IL 60615	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.451	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor People's Energy	Nature of Debt (Purpose): Heating Fuel
Mailing Address Bill Payment Center	
City State Zip Code Chicago IL 60600	

Outstanding Balance Beginning This Period 1403.92	Transaction ID : SD10.8788	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1403.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Land Developers	Nature of Debt (Purpose): Office Rent
Mailing Address 7801 S. Cottage Grove	
City State Zip Code Chicago IL 60619	

Outstanding Balance Beginning This Period 1400.00	Transaction ID : SD10.452	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

1) SUBTOTALS This Period This Page (optional)	3803.92
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trib-Co Construction		Nature of Debt (Purpose): Refund
Mailing Address 500 West Monroe		
City	State	Zip Code
Chicago	IL	60661

Outstanding Balance Beginning This Period	Transaction ID : SD10.453	
<input type="text" value="300.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trilla Stell Drum Corp.		Nature of Debt (Purpose): Refund
Mailing Address 2959 West 47th Street		
City	State	Zip Code
Chicago	IL	60632

Outstanding Balance Beginning This Period	Transaction ID : SD10.454	
<input type="text" value="200.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vision, Health Mgmt Systems		Nature of Debt (Purpose): REfund
Mailing Address 2838 S. Indiana		
City	State	Zip Code
Chicago	IL	60616

Outstanding Balance Beginning This Period	Transaction ID : SD10.455	
<input type="text" value="250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="250.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="750.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Wright		Nature of Debt (Purpose): Salary
Mailing Address 1212 S. Michigan		
City State	Zip Code	
Chicago	IL 60609	

Outstanding Balance Beginning This Period	Transaction ID : SD10.456	
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	3000.00
2) TOTALS This Period (last page this line number only)	25589.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	25589.43