

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
New TrierDemocratic Org-Fed

ADDRESS (number and street) 800 Oak  
 Check if different than previously reported. (ACC)  
Winnetka IL 60093

2. **FEC IDENTIFICATION NUMBER** C00422519  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

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 Marvin Miller

Signature of Treasurer Electronically Filed by Marvin Miller Date 01 02 2007

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  
New TrierDemocratic Org-Fed

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	31154.97									
(c) Total Receipts (from Line 19) .....	605.00	65780.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31759.97	65780.00								
7. Total Disbursements (from Line 31) .....	2495.57	36515.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29264.40	29264.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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**

Write or Type Committee Name  
New TrierDemocratic Org-Fed

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	250.00	52125.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	355.00	13155.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	605.00	65280.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	605.00	65780.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	605.00	65780.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	605.00	65780.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2487.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2487.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16859.83
24. Independent Expenditure (use Schedule E) .....	2495.57	16997.52
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	170.48
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2495.57	36515.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2495.57	36515.60

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	605.00	65780.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	605.00	65780.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2487.77
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	2487.77

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
New TrierDemocratic Org-Fed

Full Name (Last, First, Middle Initial) <b>A.</b> Joan S Berman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 265 Beach Rd		Transaction ID: SA11A1.5262
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer New Trier Demo Org	Occupation Office Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Richard & Jean Doub		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 1500 Sheridan Rd.#3E		Transaction ID: SA11A1.5258
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy Grant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 429 Provident		Transaction ID: SA11A1.5263
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Housewife	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
New TrierDemocratic Org-Fed

**A.** Full Name (Last, First, Middle Initial)  
Patricia Reynes

Mailing Address 2609 Marian Ln

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Self Occupation Recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

**Transaction ID:** SA11A1.5249

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
John & Mary Ryan

Mailing Address 3136 Sprucewood

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Retired Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** SA11A1.5266

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	250.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER <b>C</b> C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
AT&T

---

Mailing Address  
Bill Payment Center

---

City Saginaw	State MI	Zip Code 48663-0003
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Purpose of Expenditure \_\_\_\_\_ Category/Type \_\_\_\_\_

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought 16361.97

Date  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

---

Amount  
364.15

**Transaction ID:** SE24.5280

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Joan S Berman

---

Mailing Address  
265 Beach Rd

---

City Glencoe	State IL	Zip Code 60022
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Purpose of Expenditure \_\_\_\_\_ Category/Type \_\_\_\_\_

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought 14954.99

Date  
M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 0 6

---

Amount  
117.00

**Transaction ID:** SE24.5275

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	481.15
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M D D Y Y Y Y  
0 1      0 2      2 0 0 7

Signature \_\_\_\_\_

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER <b>C</b> C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Joan S Berman

Mailing Address  
265 Beach Rd

City State Zip Code  
Glencoe IL 60022

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **16974.81**

Date  
M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 6

Amount  
**344.26**

Transaction ID: SE24.5282

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Chase Credit Card Services

Mailing Address  
POB 15298

City State Zip Code  
Wilmington DE 19850-5298

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought **15997.82**

Date  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 6

Amount  
**35.85**

Transaction ID: SE24.5279

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>380.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<b>0.00</b>
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date **0 1 / 0 2 / 2 0 0 7**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Duographix,Inc

Date  

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	6

Mailing Address  
1803 Wabansia-B

Amount  

980.00
--------

City Chicago	State IL	Zip Code 60622
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**Transaction ID:** SE24.5276

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure	Category/ Type <input style="width:50px;" type="text"/>
------------------------	--

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">15934.99</td></tr> </table>	15934.99
15934.99		

Full Name (Last, First, Middle, Initial) of Payee  
Evanston Bond & Mortgage

Date  

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	6

Mailing Address  
1732 Orington

Amount  

168.75
--------

City Evanston	State IL	Zip Code 60201
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**Transaction ID:** SE24.5272

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure	Category/ Type <input style="width:50px;" type="text"/>
------------------------	--

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">14647.99</td></tr> </table>	14647.99
14647.99		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">1148.75</td></tr> </table>	1148.75
1148.75		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;">0.00</td></tr> </table>	0.00
0.00		
(c) <b>TOTAL</b> Independent Expenditures .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="text-align: center;"> </td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	7

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER <b>C</b> C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Marvin Miller

---

Mailing Address  
800 oak st

---

City Winnetka	State IL	Zip Code 60093
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Purpose of Expenditure \_\_\_\_\_ Category/Type

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought

Date  
M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 0 6

---

Amount

**Transaction ID:** SE24.5277

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Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Office Depot

---

Mailing Address  
2722 Green Bay Rd

---

City Evanston	State IL	Zip Code 60201
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Purpose of Expenditure \_\_\_\_\_ Category/Type

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought

Date  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

---

Amount

**Transaction ID:** SE24.5283

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Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input style="width:100px" type="text" value="58.56"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:100px" type="text" value="0.00"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input style="width:100px" type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

---

Date

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Pioneer Pioneer Press

Mailing Address  
3701 W Lake Ave

City State Zip Code  
Glenview IL 60026

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 14837.99

Date  
M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 6

Amount  
190.00

**Transaction ID:** SE24.5273

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Winnetka Graphics

Mailing Address  
1858 Techny

City State Zip Code  
Northbrook IL 60062

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 16598.97

Date  
M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 6

Amount  
237.00

**Transaction ID:** SE24.5281

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">427.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>(c) TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">2495.57</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 7