

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 11 07 2006 in the State of IL

5. Covering Period 10 01 2006 through 11 27 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 12 09 2006

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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	26099.48									
(c) Total Receipts (from Line 19)	21845.00	65175.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47944.48	65175.00								
7. Total Disbursements (from Line 31)	16789.51	34020.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31154.97	31154.97								
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)	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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	17450.00	51875.00
(i) Itemized (use Schedule A)	4395.00	12800.00
(ii) Unitemized	21845.00	64675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	500.00
(c) Other Political Committees (such as PACs)	21845.00	65175.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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))	21845.00	65175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21845.00	65175.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	2487.77	2487.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2487.77	2487.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4000.00	16859.83
24. Independent Expenditure (use Schedule E)	10301.74	14501.95
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))..	16789.51	34020.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16789.51	34020.03

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)	21845.00	65175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21845.00	65175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2487.77	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)	2487.77	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 / 38
	<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

Full Name (Last, First, Middle Initial) A. Stanley Adelman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 115 Crescent Dr		Transaction ID: SA11A1.5136	
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attny Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Joan Allen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 338 Linden		Transaction ID: SA11A1.4995	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Frank Ballentine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 804 Tower Rd		Transaction ID: SA11A1.5142	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 1180.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sachnoff & Weaver Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attny Aggregate Year-to-Date ▼ 1605.00		

SUBTOTAL of Receipts This Page (optional) ▶	1680.00
TOTAL 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: (check only one)	PAGE 7 / 38
	<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	

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

Full Name (Last, First, Middle Initial) A. Sonia Bloch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 266 Sylvan Rd		Transaction ID: SA11A1.4997
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Richard Clemens		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 2928 Iroquios Rd		Transaction ID: SA11A1.5077
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sidley,Austin	Occupation Attny	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jeanne Cleveland		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 943 Elmwood		Transaction ID: SA11A1.5146
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cook County Circuit Court	Occupation Judge	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL 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: (check only one)	PAGE 8 / 38
	<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	

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

A. Full Name (Last, First, Middle Initial) Philip Corboy Mailing Address 26 Woodley Rd City State Zip Code Winnetka IL 60093 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.5026 Amount of Each Receipt this Period 350.00
Name of Employer Philip Corboy & Associates Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) Bill Crowley Mailing Address 1920 Chestnut City State Zip Code Glenview IL 60025 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.4998 Amount of Each Receipt this Period 450.00
Name of Employer Stahl,Cowen & Crowley Occupation Lawyer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00		

C. Full Name (Last, First, Middle Initial) Sally Domont Mailing Address 70 Crescent Dr City State Zip Code Glencoe IL 60022 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.5081 Amount of Each Receipt this Period 165.00
Name of Employer Advocate Health Systems Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00		

SUBTOTAL of Receipts This Page (optional)	965.00
TOTAL 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 9 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard & Jean Doub

Mailing Address 1500 Sheridan Rd.#3E

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 ▼
850.00

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

Transaction ID: SA11A1.5082

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Richard & Jean Doub

Mailing Address 1500 Sheridan Rd.#3E

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 ▼
900.00

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

Transaction ID: SA11A1.5196

Amount of Each Receipt this Period
50.00

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

Mailing Address 1616 Highland

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.5029

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL 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: (check only one)	PAGE 10 / 38
	<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	

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

Full Name (Last, First, Middle Initial) A. James Epstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 500 Forest		Transaction ID: SA11A1.5031	
City State Zip Code Wilmette IL 60091		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Illinois Occupation Judge			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Karen Fujisawa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 635 Rosewood		Transaction ID: SA11A1.4984	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Housewife			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Karen Fujisawa		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 635 Rosewood		Transaction ID: SA11A1.5152	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 115.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Housewife			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	490.00
TOTAL 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 11 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Marvin M. Gordon

Mailing Address 640 Winnetka Mews

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.4992

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Junia Gratiot Hedberg

Mailing Address 1249 Cherry st

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.4993

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gregg Alan Kaplan

Mailing Address 329 Central

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RedBox Auto Retail CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.5046

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL 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 12 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Kessler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 860 Oak St		Transaction ID: SA11A1.5025	
City Winnetka	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60093		Transaction ID: SA11A1.5025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Mark N. Kraemer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 430 Laurel		Transaction ID: SA11A1.5093	
City Wilmette	State IL	Amount of Each Receipt this Period 125.00	
Zip Code 60091		Transaction ID: SA11A1.5093	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer Chicago symphony Orchestra	Occupation Musician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) C. Ruth Krugly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 922 Pontiac		Transaction ID: SA11A1.5094	
City Wilmette	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60091		Transaction ID: SA11A1.5094	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Schiff,Hardin	Occupation Attny		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	625.00

**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 13 / 38
	<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	

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

A. Full Name (Last, First, Middle Initial) Fred Lane Mailing Address 1092 Bluff Rd City State Zip Code Glencoe IL 60022 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.5096 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Atty Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B. Full Name (Last, First, Middle Initial) Richard Lauter Mailing Address 369 Bluff St City State Zip Code Glencoe IL 60022 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6 Transaction ID: SA11A1.5003 Amount of Each Receipt this Period 450.00
Name of Employer Levin,Celd.et al Occupation Attny Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) Carol Liebson Mailing Address 1109 Illinois rd City State Zip Code Wilmette IL 60091 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.5097 Amount of Each Receipt this Period 375.00
Name of Employer Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL 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: (check only one)	PAGE 14 / 38
	<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	

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

A. Full Name (Last, First, Middle Initial) Harriet Meyer Mailing Address 610 8th St City <u>Wilmette</u> State <u>IL</u> Zip Code <u>60091</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5005 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	2	/	2	0	0	6														
250.00																							
Name of Employer: Self employed Occupation: Medical Writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1100.00</td> </tr> </table>		1100.00																					
1100.00																							

B. Full Name (Last, First, Middle Initial) Jill Meyer Mailing Address 490 Sheridan Rd City <u>Highland Park</u> State <u>IL</u> Zip Code <u>60035</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5203 Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	6	400.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	6														
400.00																							
Name of Employer: None Occupation: Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>700.00</td> </tr> </table>		700.00																					
700.00																							

C. Full Name (Last, First, Middle Initial) Charles Murdock Mailing Address 2126 Thornwood City <u>Wilmette</u> State <u>IL</u> Zip Code <u>60091</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5048 Amount of Each Receipt this Period <table border="1"> <tr> <td>350.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	6	350.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	0	/	2	0	0	6														
350.00																							
Name of Employer: Occupation: Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>350.00</td> </tr> </table>		350.00																					
350.00																							

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL 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: (check only one)	PAGE 15 / 38
	<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	

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

Full Name (Last, First, Middle Initial) A. James Nowaki		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 708 Prospect Ave		Transaction ID: SA11A1.5052	
City Winnetka	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60093		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kirland & Ellis	Occupation Attny		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Les & Doris Ordman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 120 Crescent Dr		Transaction ID: SA11A1.5144	
City Glencoe	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60022		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Barbara Parson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2256 Lincoln Park West		Transaction ID: SA11A1.5103	
City Chicago	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 60614		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

**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 16 / 38
	<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	

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

A. Full Name (Last, First, Middle Initial) Harry Pascal Mailing Address 1215 Spruce City <u>Winnetka</u> State <u>IL</u> Zip Code <u>60093</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5140 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
250.00																							
Name of Employer Self Occupation C.P.A. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

B. Full Name (Last, First, Middle Initial) Joan Peck Mailing Address 947 Westmoor City <u>Winnetka</u> State <u>IL</u> Zip Code <u>60093</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5006 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	2		2	0	0	6														
250.00																							
Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

C. Full Name (Last, First, Middle Initial) Joan Peck Mailing Address 947 Westmoor City <u>Winnetka</u> State <u>IL</u> Zip Code <u>60093</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5104 Amount of Each Receipt this Period <table border="1"> <tr> <td>80.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	6	80.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	6														
80.00																							
Name of Employer Retired Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>330.00</td> </tr> </table>	330.00																				
330.00																							

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL 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: (check only one)	PAGE 17 / 38
	<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	

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

Full Name (Last, First, Middle Initial) A. Stuart Reid		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 710 Waukegan		Transaction ID: SA11A1.5054	
City State Zip Code Glenview IL 60025		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Attny			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Patricia Reynes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2609 Marian Ln		Transaction ID: SA11A1.5105	
City State Zip Code Wilmette IL 60091		Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Recruiter			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. Robert Richman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 364 Park Pl		Transaction ID: SA11A1.5014	
City State Zip Code Glencoe IL 60022		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Oppenheimer & Co. Occupation Financial Advisor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	740.00
TOTAL 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: (check only one)	PAGE 18 / 38
	<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	

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

A. Full Name (Last, First, Middle Initial)
Irene Rielly

Mailing Address 2021 Kenilworth

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.5008

Amount of Each Receipt this Period
250.00

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

Mailing Address 2021 Kenilworth

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11A1.5106

Amount of Each Receipt this Period
100.00

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

Mailing Address 2500 Indigo Ln,Apt 259

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11A1.5010

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL 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 19 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Abbey Romanek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1716 Washington		Transaction ID: SA11A1.5110
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Attny	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Susan Rubnitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 979 Sheridan Rd		Transaction ID: SA11A1.5060
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mary Ann Savard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 802 Ashland		Transaction ID: SA11A1.5067
City Wilmette	State IL	Zip Code 60091
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL 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: (check only one)	PAGE 20 / 38
	<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	

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

Full Name (Last, First, Middle Initial) A. Jo Cohn Sawyer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 922 Forest		Transaction ID: SA11A1.5065	
City State Zip Code Wilmette IL 60091		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Insight, Inc		Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Lawrence Schad		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 120 Abington Rd		Transaction ID: SA11A1.5204	
City State Zip Code Kenilworth IL 60043		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Schad, Diamond & Shedden, PC		Occupation Attny	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Charles Shea		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 30 S. Wacker Dr. Suite 2300		Transaction ID: SA11A1.5017	
City State Zip Code Chicago IL 60606		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL 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: (check only one)	PAGE 21 / 38
	<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	

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

A. Full Name (Last, First, Middle Initial)
Charles Shea

Mailing Address 30 S. Wacker Dr. Suite 2300

City State Zip Code
Chicago IL 60606

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

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

Transaction ID: SA11A1.5112

Amount of Each Receipt this Period
75.00

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

Mailing Address 7050 Arbor Ln.# 202

City State Zip Code
Northfield IL 60093

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11A1.5132

Amount of Each Receipt this Period
350.00

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

Mailing Address 560 Ash St

City State Zip Code
Winnetka IL 60093

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

Name of Employer State of Ill-DCFS Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

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

Transaction ID: SA11A1.5117

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

TOTAL 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: (check only one)	PAGE 22 / 38
	<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) A. Lawrence Solomon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 640 Robin Ln		Transaction ID: SA11A1.5018	
City Glencoe	State IL	Amount of Each Receipt this Period 450.00	
Zip Code 60022		FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For:	Occupation Retired	Aggregate Year-to-Date ▼ 450.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lois Solomon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1318 Isabella		Transaction ID: SA11A1.5020	
City Wilmette	State IL	Amount of Each Receipt this Period 125.00	
Zip Code 60091		FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For:	Occupation Retired	Aggregate Year-to-Date ▼ 425.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Frederick Sperling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 862 Grove		Transaction ID: SA11A1.5021	
City Glencoe	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60022		FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For:	Occupation Attny	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	825.00
TOTAL 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 23 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) A. John Stroger		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 8539 So. Cottage Grove		Transaction ID: SA11A1.5130	
City State Zip Code Cvchicago IL 60619	Amount of Each Receipt this Period 775.00		
FEC ID number of contributing federal political committee. C			
Name of Employer City of Chicago	Occupation Alderman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00		

Full Name (Last, First, Middle Initial) B. Lawrence Suffredin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 111 E. Wacker Dr. # 2800		Transaction ID: SA11A1.5138	
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cook County	Occupation Commissioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Bernard Susman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 1370 Sunview Ln		Transaction ID: SA11A1.5145	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Real Estate Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00		

SUBTOTAL of Receipts This Page (optional) ▶	2070.00
TOTAL 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: (check only one)	PAGE 24 / 38
	<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

A. Full Name (Last, First, Middle Initial) Karen Templeton Mailing Address 889 Willow Rd City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 Transaction ID: SA11A1.5118 Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Housewife Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mari Terman Mailing Address 941 Sheridan Rd City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.5064 Amount of Each Receipt this Period 250.00
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 550.00	

C. Full Name (Last, First, Middle Initial) Julienne Winter Mailing Address 127 Fuller Ln City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.5070 Amount of Each Receipt this Period 625.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL 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 25 / 38	
	(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"/> 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)
Ann Wolff

Mailing Address 915 Fisher Ln

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: SA11A1.5068

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	17450.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Petty Petty Cash		Transaction ID: SB21B.5225 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 800 Oak St		Amount of Each Disbursement this Period 250.00
City Winnetka	State IL Zip Code 60093	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Renaissance Renaissance N.S. Hotel		Transaction ID: SB21B.5232 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 933 Skokie Blvd		Amount of Each Disbursement this Period 950.70
City Northbrook	State IL Zip Code 60062	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Winnetka Post Office		Transaction ID: SB21B.5245 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6
Mailing Address 512 Chestnut		Amount of Each Disbursement this Period 160.00
City Winnetka	State IL Zip Code 60093	
Purpose of Disbursement Postage		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1360.70
TOTAL This Period (last page this line number only) ▶	1360.70

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) A. Dan DAN SEALS FOR CONGRESS		Transaction ID: SB23.5185 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address PO BOX 784		Amount of Each Disbursement this Period 4000.00
City GLENVIEW State IL Zip Code 60025	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed	FEC IDENTIFICATION NUMBER C 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

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

Mailing Address
Bill Payment Center

Amount
71.22

City State Zip Code
Saginaw MI 48663-0003

Transaction ID: SE24.5183
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type

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
14200.81

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

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

Mailing Address
POB 15298

Amount
5.46

City State Zip Code
Wilmington DE 19850-5298

Transaction ID: SE24.5180
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type

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
12909.59

(a) SUBTOTAL of Itemized Independent Expenditures	76.68
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
Dunn Dunn Group LCC

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

Mailing Address
1616 Highland

Amount
82.57

City State Zip Code
Wilmette IL 60091

Transaction ID: SE24.5157
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type

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
4428.82

Full Name (Last, First, Middle, Initial) of Payee
Dunn Dunn Group LCC

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

Mailing Address
1616 Highland

Amount
37.50

City State Zip Code
Wilmette IL 60091

Transaction ID: SE24.5171
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
001

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
4609.74

(a) SUBTOTAL of Itemized Independent Expenditures	120.07
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) New TrierDemocratic Org-Fed		FEC IDENTIFICATION NUMBER C 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 0 / 0 4 / 2 0 0 6

Mailing Address
1803 Wabansia-B

Amount
66.94

City State Zip Code
Chicago IL 60622

Transaction ID: SE24.5170

Purpose of Expenditure Category/Type

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
9082.08

Disbursement For: Primary General
 Other (specify) : _____

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

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

Mailing Address
1732 Orington

Amount
168.75

City State Zip Code
Evanston IL 60201

Transaction ID: SE24.5153

Purpose of Expenditure Category/Type

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
4346.25

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	235.69
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
Friends of Karen May

Mailing Address
POB 321

City Highland Park	State IL	Zip Code 60035
-----------------------	-------------	-------------------

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 0 / 2 6 / 2 0 0 6

Amount

Transaction ID: SE24.5191

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
Glencoe PO Glencoe Post Office

Mailing Address
336 Hazel

City Glencoe	State IL	Zip Code 60022
-----------------	-------------	-------------------

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 0 / 0 3 / 2 0 0 6

Amount

Transaction ID: SE24.5166

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:100px" type="text" value="86.70"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:100px" type="text" value="0.00"/>
(c) TOTAL 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	FEC IDENTIFICATION NUMBER C C00422519
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Hinckley & Schmidt

Mailing Address
4170 Tanner Creek Dr

City State Zip Code
Flowery Branch GA 30542

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 9499.06

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

Amount
3.93

Transaction ID: SE24.5177

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
Nels Howard & Howard

Mailing Address
831 Hibbard

City State Zip Code
Wilmette IL 60091

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 9482.08

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

Amount
400.00

Transaction ID: SE24.5172

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	403.93
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
Nels Howard & Howard

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

Mailing Address
831 Hibbard

Amount
5.70

City State Zip Code
Wilmette IL 60091

Transaction ID: SE24.5175
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type

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
9495.13

Full Name (Last, First, Middle, Initial) of Payee
NCPT Radio

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

Mailing Address
6012 So. Pulaski

Amount
1220.00

City State Zip Code
Chicago IL 60629

Transaction ID: SE24.5181
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type

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
14129.59

(a) SUBTOTAL of Itemized Independent Expenditures	1225.70
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
North Shore North Shore Printers

Mailing Address
535 So. Sheridan Rd

City State Zip Code
Waukegan IL 60085

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 0 / 1 2 / 2 0 0 6

Amount

Transaction ID: SE24.5179

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 State Zip Code
Evanston IL 60201

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 0 / 0 2 / 2 0 0 6

Amount

Transaction ID: SE24.5164

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text" value="3426.54"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text" value="0.00"/>
(c) TOTAL Independent Expenditures	<input 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.

Signature _____ Date

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

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

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

Mailing Address
2722 Green Bay Rd

City Evanston	State IL	Zip Code 60201
------------------	-------------	-------------------

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 0 / 3 1 / 2 0 0 6

Amount

Transaction ID: SE24.5193

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
R.H. Donnelly

Mailing Address
200 E. Randolph St

City Chicago	State IL	Zip Code 60601
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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 0 / 1 1 / 2 0 0 6

Amount

Transaction ID: SE24.5174

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:150px" type="text" value="13.38"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:150px" type="text" value="0.00"/>
(c) TOTAL Independent Expenditures	<input style="width:150px" 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.

Signature _____ Date

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
Judith Ross

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

Mailing Address
8725 No Springfield

Amount
150.00

City State Zip Code
skokie IL 60076

Transaction ID: SE24.5190
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type

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
14374.51

Full Name (Last, First, Middle, Initial) of Payee
USPO-Gurnee

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

Mailing Address
1 No. Oplaine St

Amount
4405.40

City State Zip Code
Gurnee IL 60031

Transaction ID: SE24.5169
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
001

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
9015.14

(a) SUBTOTAL of Itemized Independent Expenditures	4555.40
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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 M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 6

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
USPS

Mailing Address
433 W. Harrison

City Chicago	State IL	Zip Code 60607
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Purpose of Expenditure	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	4500.82
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Date
M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Amount
72.00

Transaction ID: SE24.5158

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
Wilmette Library

Mailing Address
1242 Wilmette

City Wilmette	State IL	Zip Code 60091
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Purpose of Expenditure	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	4539.07
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Date
M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 6

Amount
38.25

Transaction ID: SE24.5161

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	110.25
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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.

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

Signature _____

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

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

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

Mailing Address
1858 Techny

City Northbrook	State IL	Zip Code 60062
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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
 / /

Amount

Transaction ID: SE24.5187

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 Northbrook	State IL	Zip Code 60062
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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
 / /

Amount

Transaction ID: SE24.5192

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input style="width:100px" type="text" value="47.40"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:100px" type="text" value="0.00"/>
(c) TOTAL Independent Expenditures	<input style="width:100px" type="text" value="10301.74"/>

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 _____