

# 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 07 01 2006 through 09 30 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 P Miller

Signature of Treasurer Electronically Filed by Marvin P Miller Date 10 02 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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	6									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">11151.86</td></tr></table>	11151.86										
11151.86												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">30495.00</td></tr></table>	30495.00	<table border="1" style="width: 100%;"><tr><td align="center">43330.00</td></tr></table>	43330.00								
30495.00												
43330.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">41646.86</td></tr></table>	41646.86	<table border="1" style="width: 100%;"><tr><td align="center">43330.00</td></tr></table>	43330.00								
41646.86												
43330.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">15547.38</td></tr></table>	15547.38	<table border="1" style="width: 100%;"><tr><td align="center">17230.52</td></tr></table>	17230.52								
15547.38												
17230.52												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">26099.48</td></tr></table>	26099.48	<table border="1" style="width: 100%;"><tr><td align="center">26099.48</td></tr></table>	26099.48								
26099.48												
26099.48												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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	23425.00	34425.00
(i) Itemized (use Schedule A) .....	6570.00	8405.00
(ii) Unitemized .....	29995.00	42830.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees .....	500.00	500.00
(c) Other Political Committees (such as PACs) .....	30495.00	43330.00
(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)) .....	30495.00	43330.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30495.00	43330.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12359.83	12859.83
24. Independent Expenditure (use Schedule E) .....	3017.07	4200.21
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.....	170.48	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))..	15547.38	17230.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15547.38	17230.52

**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) .....	30495.00	43330.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30495.00	43330.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

**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 6 / 54
	<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) Fred Axley		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 112 Lawndale		Transaction ID: SA11A1.4959	
City Wilmette	State IL	Amount of Each Receipt this Period 350.00	
Zip Code 60091		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 ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Frank Ballentine		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 804 Tower Rd		Transaction ID: SA11A1.4650	
City Winnetka	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60093		FEC ID number of contributing federal political committee. C	
Name of Employer Sachnoff & Weaver	Occupation Attny		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Frank Ballentine		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 804 Tower Rd		Transaction ID: SA11A1.4880	
City Winnetka	State IL	Amount of Each Receipt this Period 125.00	
Zip Code 60093		FEC ID number of contributing federal political committee. C	
Name of Employer Sachnoff & Weaver	Occupation Attny		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	775.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 54
	<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) <b>A. Edward Bancroft</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 860 Summit		<b>Transaction ID: SA11A1.4818</b>	
City Winnetka	State IL	Amount of Each Receipt this Period 350.00	
Zip Code 60093		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00	
Name of Employer Bancroft Consulting	Occupation Consultant		
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>B. Elizabeth Bankhoff</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 2106 Elmwood		<b>Transaction ID: SA11A1.4820</b>	
City Wilmette	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60091		Amount of Each Receipt this Period 250.00	
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Lorraine Barba</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 240 Woodstock Ave		<b>Transaction ID: SA11A1.4823</b>	
City Kenilworth	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60043		Amount of Each Receipt this Period 250.00	
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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	850.00

**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 8 / 54
	<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	

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

A. Full Name (Last, First, Middle Initial) Harriet Bayer Mailing Address 1214 Carol Ln		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
City State Zip Code Glencoe IL 60022		Transaction ID: SA11A1.4976 Amount of Each Receipt this Period 250.00
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 ▼ 250.00

B. Full Name (Last, First, Middle Initial) Ron & Sandra Berliant Mailing Address 530 Knox		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
City State Zip Code Wilmette IL 60091		Transaction ID: SA11A1.4814 Amount of Each Receipt this Period 250.00
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 ▼ 250.00

C. Full Name (Last, First, Middle Initial) Joan S, Berman Mailing Address 265 Beach Rd		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
City State Zip Code Glencoe IL 60022		Transaction ID: SA11A1.4812 Amount of Each Receipt this Period 450.00
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 ▼ 450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<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: (check only one)	PAGE 9 / 54
	<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) <b>A.</b> Robert L. Berner		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 130 E. Randolph # 3500		<b>Transaction ID:</b> SA11A1.4508	
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self employed 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>B.</b> Ruth Berns		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1500 Sheridan Rd.#8H		<b>Transaction ID:</b> SA11A1.4785	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 350.00		
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 ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stuart Bernstein		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1500 Sheridan Rd,Apt 3B		<b>Transaction ID:</b> SA11A1.4865	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 350.00		
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 ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<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: (check only one)	PAGE 10 / 54
	<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) <b>A. Marilyn Black</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 1630 Sheridan Rd		<b>Transaction ID: SA11A1.4881</b>	
City Wilmette	State IL	Zip Code 60091	Amount of Each Receipt this Period 450.00
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 ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. William A. Brandt, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 1134 Sheridan Rd		<b>Transaction ID: SA11A1.4392</b>	
City Winnetka	State IL	Zip Code 60093-1538	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Development Special Interests	Occupation Business Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Stanton Brody</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 812 Strawberry Hill		<b>Transaction ID: SA11A1.4866</b>	
City Glencoe	State IL	Zip Code 60022	Amount of Each Receipt this Period 350.00
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 ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<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: (check only one)	PAGE 11 / 54
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Carroll Mailing Address 7250 N Cicero City Lincolnwood State IL Zip Code 60712 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006 <b>Transaction ID: SA11A1.4647</b> Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Cleland Mailing Address 810 Forest City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2006 <b>Transaction ID: SA11A1.4900</b> 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 ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Carmen Corbett Mailing Address 607 Lake Ave City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006 <b>Transaction ID: SA11A1.4787</b> Amount of Each Receipt this Period 250.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<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 12 / 54  
(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)  
Judith Cottle

Mailing Address 1170 Chatfield Rd

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Retired Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** SA11A1.4839

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Lila DiCanio

Mailing Address 832 Leyden Ln

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Flower Magazine Occupation  
Publisher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.4963

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Domont

Mailing Address 70 Crescent Dr.

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Advocate Health systems Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** SA11A1.4400

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 13 / 54
	<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) <b>A. Sally Domont</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 70 Crescent Dr		<b>Transaction ID: SA11A1.4841</b>	
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 Advocate Health Systems	Occupation Physician		
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>B. Richard &amp; Jean Doub</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1500 Sheridan Rd.#3E		<b>Transaction ID: SA11A1.4789</b>	
City Wilmette	State IL	Amount of Each Receipt this Period 450.00	
Zip Code 60091			
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 ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Drucker</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 714 Forest		<b>Transaction ID: SA11A1.4500</b>	
City Wilmette	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60091			
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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<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: (check only one)	PAGE 14 / 54
	<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)  
Arnee Eisenberg

Mailing Address 2448 Pomona Ln

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Jelmar, Inc Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11A1.4869

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
Marcia Fields

Mailing Address 1170 Westmoor

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.4791

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Suzanne Fried

Mailing Address 660 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 Y  
08 / 09 / 2006

Transaction ID: SA11A1.4614

Amount of Each Receipt this Period  
300.00

**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 / 54
	<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)  
Ruth Goldman

Mailing Address 1630 Sheridan Rd.#4M

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Self Occupation  
Attny

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11A1.4873

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Grant

Mailing Address 1165 Hamptondale

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Housewife Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11A1.4876

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy Grant

Mailing Address 429 Provident

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Housewife Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11A1.4878

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

**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 16 / 54
	<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) <b>A.</b> James Greenberger		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 620 Gregory		<b>Transaction ID:</b> SA11A1.4825
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Sachnoff & Weaver Attny		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James D. Griffith		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 1210 Glenndenning Rd		<b>Transaction ID:</b> SA11A1.4629
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
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>C.</b> James D. Griffith		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 1210 Glenndenning Rd		<b>Transaction ID:</b> SA11A1.4894
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 Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<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 17 / 54  
(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)  
Harriet Hahn

Mailing Address 370 Walnut

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Retired Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** SA11A1.4835

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
H. Higgins

Mailing Address 329 Woodland

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Retired Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** SA11A1.4410

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Homer

Mailing Address 1193 Terrace Ct

City State Zip Code  
Glencoe IL 60022

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

**Transaction ID:** SA11A1.4868

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 / 54
	<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) <b>A. Betty Jacobs</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 625 Maple		<b>Transaction ID: SA11A1.4414</b>	
City State Zip Code Wilmette IL 60091		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker			
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>B. Joni Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006	
Mailing Address 888 Tower Rd		<b>Transaction ID: SA11A1.4480</b>	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker			
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>C. Joni Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 888 Tower Rd		<b>Transaction ID: SA11A1.4897</b>	
City State Zip Code Winnetka IL 60093		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<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 19 / 54
	(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) <b>A.</b> John Kessler		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 860 Oak St		<b>Transaction ID:</b> SA11A1.4474	
City Winnetka	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60093		Transaction ID: SA11A1.4474	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mark N. Kraemer		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address 430 Laurel		<b>Transaction ID:</b> SA11A1.4578	
City Wilmette	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60091		Transaction ID: SA11A1.4578	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Fred Lane		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1092 Bluff Rd		<b>Transaction ID:</b> SA11A1.4799	
City Glencoe	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60022		Transaction ID: SA11A1.4799	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	900.00

# 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 20 / 54
	<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) <b>A.</b> Sheila Leonard		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2006	
Mailing Address 412 Cumnor Rd		<b>Transaction ID:</b> SA11A1.4606	
City Kenilworth	State IL	Amount of Each Receipt this Period 300.00	
Zip Code 60043		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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sheila Leonard		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 412 Cumnor Rd		<b>Transaction ID:</b> SA11A1.4837	
City Kenilworth	State IL	Amount of Each Receipt this Period 450.00	
Zip Code 60043		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 ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mitchell Lifson		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 130 Lakeside Pl		<b>Transaction ID:</b> SA11A1.4777	
City Highland Park	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60035		FEC ID number of contributing federal political committee. C	
Name of Employer State of Ill	Occupation Legislative Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 54
	<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) <b>A.</b> James P. Martin		Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006
Mailing Address 672 Lincoln		Transaction ID: SA11A1.4608
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer James Martin & Co.	Occupation President	
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>B.</b> Harriet Meyer		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 610 8th St		Transaction ID: SA11A1.4779
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Elaine Nekritz		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 3 Court of Island Pt		Transaction ID: SA11A1.4860
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State of Ill	Occupation Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<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 22 / 54  
(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)  
Les & Doris Ordman

Mailing Address 120 Crescent Dr

City State Zip Code  
Glencoe IL 60022

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  
09 / 25 / 2006

**Transaction ID:** SA11A1.4946

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
George & Mary Pearce

Mailing Address 1114 Forest

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Self Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.4951

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kerry Peck

Mailing Address 3131 Central

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Occupation  
Self Attny

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

**Transaction ID:** SA11A1.4773

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**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 / 54  
(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)  
June B Pinsof

Mailing Address 1420 Sheridan Rd  
Apt 3F

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2006

**Transaction ID:** SA11A1.4444

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Michael A. Pope

Mailing Address 544 Park Ave

City State Zip Code  
Glencoe IL 60022

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mc Dermott, Will & Emery Attny

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 09 / 2006

**Transaction ID:** SA11A1.4610

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dan Roin

Mailing Address 1225 Westmoor Rd

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  
07 / 01 / 2006

**Transaction ID:** SA11A1.4448

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 900.00

**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 / 54
	<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)  
Daron Romanek

Mailing Address 1716 Washington

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Self Occupation  
Attny

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: SA11A1.4639

Amount of Each Receipt this Period  
300.00

**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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: SA11A1.4862

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Samuels

Mailing Address 1202 Ash St

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Cook County Occupation  
States's Attorney,asst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

Transaction ID: SA11A1.4908

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<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: (check only one)	PAGE 25 / 54
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mary Ann Savard		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2006	
Mailing Address 802 Ashland		<b>Transaction ID:</b> SA11A1.4541	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Homemaker	Occupation		
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>B.</b> Thelma Brook Simon		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 3119 Wilmette Ave		<b>Transaction ID:</b> SA11A1.4864	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer retired	Occupation Lawyer		
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>C.</b> Peggy Slater		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 560 Ash		<b>Transaction ID:</b> SA11A1.4852	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DCFS-Illinois	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<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 26 / 54  
(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)  
Lois Solomon

Mailing Address 1318 Isabella

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 ▼  
300.00

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

Transaction ID: SA11A1.4580

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Stanley M Stevens

Mailing Address 2109 Chestnut

City State Zip Code  
Wilmette IL 60091

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

Name of Employer Equity Properties Occupation Attny

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: SA11A1.4633

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Stowell

Mailing Address 101 Woodley Rd

City State Zip Code  
Winnetka IL 60093

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 ▼  
1450.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4855

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 27 / 54
	<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)  
Bernard Susman

Mailing Address 1370 Sunview Ln

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Self Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.4957

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
David Suttle, Jr.

Mailing Address 505 Grove

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Natl School Towel Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: SA11A1.4892

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Mari Terman

Mailing Address 941 Sheridan Rd

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.4533

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 28 / 54  
(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)  
Betty K. Weinberger

Mailing Address 362 Jackson

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Retired Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

**Transaction ID:** SA11A1.4635

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Betty K. Weinberger

Mailing Address 362 Jackson

City State Zip Code  
Glencoe IL 60022

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

Name of Employer Retired Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

**Transaction ID:** SA11A1.4968

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Gertrude Weiss

Mailing Address 2270 Crestview Ln

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

**Transaction ID:** SA11A1.4857

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**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 29 / 54
	<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)  
Leslie Weyhrich

Mailing Address 1018 Elmwood

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.4801

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Fran Wollack

Mailing Address 1420 Sheridan Rd.#8A

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: SA11A1.4627

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Fran Wollack

Mailing Address 1420 Sheridan Rd.#8A

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 ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.4967

Amount of Each Receipt this Period  
125.00

**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:		PAGE 30 / 54	
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
Babette Zacharias

Mailing Address 755 Sheridan Rd

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
None Housewife

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.4969

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23425.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 54
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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

**A.** Full Name (Last, First, Middle Initial)  
Friends of Julie Hamos

Mailing Address 820 Davis St

City State Zip Code  
Evanston IL 60201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	6

**Transaction ID:** SA11C.4524

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Julie Hamos

Mailing Address 820 Davis St

City State Zip Code  
Evanston IL 60201

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11C.4906

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

**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)

PAGE 32 / 54

<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

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

Full Name (Last, First, Middle Initial) <b>A. William Brandt</b>		<b>Transaction ID: SB23.4566</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 1134 Sheridan Rd		Amount of Each Disbursement this Period 1000.00
City Winnetka State IL Zip Code 60093-1588		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ eneral	

Full Name (Last, First, Middle Initial) <b>B. Dan DAN SEALS FOR CONGRESS</b>		<b>Transaction ID: SB23.4714</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address PO BOX 784		Amount of Each Disbursement this Period 1000.00
City GLENVIEW State IL Zip Code 60025		
Purpose of Disbursement Campaign Contribution Candidate Name	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Friends of Phil Hare</b>		<b>Transaction ID: SB23.4668</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 313-17 th st		Amount of Each Disbursement this Period 500.00
City Rock Island State IL Zip Code 61202		
Purpose of Disbursement Campaign Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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 33 / 54

<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

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

Full Name (Last, First, Middle Initial) <b>A. John John Pavich</b>		<b>Transaction ID: SB23.4924</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 260 Maple St		Amount of Each Disbursement this Period 250.00
City Beecher State IL Zip Code 60401	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean Melissa Bean For Congress</b>		<b>Transaction ID: SB23.4666</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address POB 3068		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60001	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. P.C P.C.Signs</b>		<b>Transaction ID: SB23.4570</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 2534 Commerce Blvd		Amount of Each Disbursement this Period 2609.83
City Cincinnati State OH Zip Code 45241	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type		
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3859.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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)

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<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) <b>A. Progressive Choice PAC</b>		<b>Transaction ID:</b> SB23.4573 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 820 Davis St		Amount of Each Disbursement this Period 500.00
City Evanston State IL Zip Code 60201		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Progressive Political Pac</b>		<b>Transaction ID:</b> SB23.4708 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address Pob 58		Amount of Each Disbursement this Period 4500.00
City Evanston State IL Zip Code 60204		
Purpose of Disbursement Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Terry Duckworth Terry Duckworth For Congress</b>		<b>Transaction ID:</b> SB23.4670 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 416 W, 72Nd st		Amount of Each Disbursement this Period 1000.00
City Lombard State IL Zip Code 60148		
Purpose of Disbursement Campaign Contribution Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12359.83

# 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)

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<input 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 checked="" 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) <b>A. Chase Credit Card Services</b>		<b>Transaction ID:</b> SB29.4724 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address POB 15298		Amount of Each Disbursement this Period 5.48
City Wilmington State DE Zip Code 19850-5298		
Purpose of Disbursement Candidate Name	Category/Type	
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>B. Lake Lake Cty Demo Org</b>		<b>Transaction ID:</b> SB29.4727 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 709 North Ave		Amount of Each Disbursement this Period 75.00
City Waukegan State IL Zip Code 60085		
Purpose of Disbursement Contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MSn Promo MSN Promotions</b>		<b>Transaction ID:</b> SB29.4719 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 4435 N Damen		Amount of Each Disbursement this Period 45.00
City Chicago State IL Zip Code 60625		
Purpose of Disbursement Candidate Name	Category/Type	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	125.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**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 36 / 54

<input 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 checked="" 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) <b>A. Teranet Teranet Consulting</b>		<b>Transaction ID: SB29.4746</b>	
Mailing Address POB 6151		Date of Disbursement MM / DD / YYYY 08 / 09 / 2006	
City Lindenhurst	State IL	Zip Code 60046	Amount of Each Disbursement this Period 30.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Teranet Teranet Consulting</b>		<b>Transaction ID: SB29.4744</b>	
Mailing Address POB 6151		Date of Disbursement MM / DD / YYYY 08 / 24 / 2006	
City Lindenhurst	State IL	Zip Code 60046	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>170.48</b>

**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 1449.20

Date  
MM / DD / YYYY  
07 / 19 / 2006

---

Amount  
19.36

**Transaction ID:** SE24.4557

---

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  
AT&T

---

Mailing Address  
Bill Payment Center

---

City Saginaw	State MI	Zip Code 48663-0003
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---

Purpose of Expenditure \_\_\_\_\_ Category/Type 001

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought 2743.37

Date  
MM / DD / YYYY  
08 / 14 / 2006

---

Amount  
55.45

**Transaction ID:** SE24.4701

---

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

Check One:  Support  Oppose

---

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">74.81</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">22.71</span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </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.

Date MM / DD / YYYY  
10 / 02 / 2006

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  
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

Date  /  /

Amount

**Transaction ID:** SE24.4978

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  
Bess hardware Bess Hardware

---

Mailing Address  
1875 Willow Rd

---

City Northfield	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  /  /

Amount

**Transaction ID:** SE24.4656

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="69.36"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:100px" type="text" value="22.71"/>
(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  
Chase Credit Card Services

---

Mailing Address  
POB 15298

---

City Wilmington	State DE	Zip Code 19850-5298
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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	1261.09
---	---------

Date  

M M 0 7	D D 0 1	Y Y Y Y 2 0 0 6
------------	------------	--------------------

Amount  

	5.38
--	------

**Transaction ID:** SE24.4555

---

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 Wilmington	State DE	Zip Code 19850-5298
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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	4052.10
---	---------

Date  

M M 0 9	D D 1 4	Y Y Y Y 2 0 0 6
------------	------------	--------------------

Amount  

	5.36
--	------

**Transaction ID:** SE24.4928

---

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 .....	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">10.74</td> </tr> </table>		10.74
	10.74		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">22.71</td> </tr> </table>		22.71
	22.71		
<b>(c) TOTAL</b> Independent Expenditures .....	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></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.

Date 

M M 1 0	D D 0 2	Y Y Y Y 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 <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  
Jeff Citizens Jeff Schoenberg

Date  
M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 6

Mailing Address  
820 Davis

Amount  
500.00

City State Zip Code  
Evanston IL 60201

Transaction ID: SE24.4926  
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  
4046.74

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

Date  
M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 6

Mailing Address  
1803 Wabansia-B

Amount  
58.87

City State Zip Code  
Chicago IL 60622

Transaction ID: SE24.4546  
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  
1242.01

(a) SUBTOTAL of Itemized Independent Expenditures .....	558.87
(b) SUBTOTAL of Unitemized Independent Expenditures .....	22.71
(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 0 / 0 2 / 2 0 0 6

# 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  
Duographix,Inc

---

Mailing Address  
1803 Wabansia-B

---

City	State	Zip Code
Chicago	IL	60622

---

Purpose of Expenditure	Category/ Type
	<input type="text"/>

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought	<input type="text" value="1711.36"/>
---	--------------------------------------

Date  
 /  /

Amount

**Transaction ID:** SE24.4659

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  
Duographix,Inc

---

Mailing Address  
1803 Wabansia-B

---

City	State	Zip Code
Chicago	IL	60622

---

Purpose of Expenditure	Category/ Type
	<input type="text"/>

---

Name of Federal Candidate supported or Opposed by expenditure:

---

Calendar Year-To-Date Per Election for Office Sought	<input type="text" value="3262.84"/>
---	--------------------------------------

Date  
 /  /

Amount

**Transaction ID:** SE24.4913

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 type="text" value="119.44"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text" value="22.71"/>
(c) <b>TOTAL</b> 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 <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  
Evanston Bond & Mortgage

Mailing Address  
1732 Orington

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  
0 7 / 0 3 / 2 0 0 6

Amount  
  
Transaction ID: SE24.4545

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  
Evanston Bond & Mortgage

Mailing Address  
1732 Orington

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  
0 8 / 0 1 / 2 0 0 6

Amount  
  
Transaction ID: SE24.4655

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="337.50"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text" value="22.71"/>
(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 <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  
Evanston Bond & Mortgage

Mailing Address  
1732 Orington

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 2933.07

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

Amount  
168.75

Transaction ID: SE24.4910

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  
Federal Express

Mailing Address  
3875 Airways Blvd  
Module H

City State Zip Code  
Memphis TN 38116

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 1247.59

Date  
M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 6

Amount  
5.58

Transaction ID: SE24.4551

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 .....	<span style="border:1px solid black; padding:2px;">174.33</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">22.71</span>
(c) <b>TOTAL</b> Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"></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  
1 0 / 0 2 / 2 0 0 6

# 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  
Friends of Julie Hamos

Date  
M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 6

Mailing Address  
820 Davis St

Amount  
75.00

City State Zip Code  
Evanston IL 60201

Transaction ID: SE24.4679  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Campaign Contribution

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought  
1861.36

Full Name (Last, First, Middle, Initial) of Payee  
Glencoe PO Glencoe Post Office

Date  
M M / D D / Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Mailing Address  
336 Hazel

Amount  
11.70

City State Zip Code  
Glencoe IL 60022

Transaction ID: SE24.4915  
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  
3391.54

(a) SUBTOTAL of Itemized Independent Expenditures .....	86.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....	22.71
(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 0 / 0 2 / 2 0 0 6

**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  
Helium,Inc Helium

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Mailing Address  
1421 Armoor Blvd

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City Mundelein	State IL	Zip Code 60060
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Purpose of Expenditure \_\_\_\_\_ Category/Type

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Name of Federal Candidate supported or Opposed by expenditure: \_\_\_\_\_

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Calendar Year-To-Date Per Election for Office Sought

Date  
MM / DD / YYYY  
08 / 11 / 2006

---

Amount

**Transaction ID:** SE24.4695

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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  
Nels Howard & Howard

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Mailing Address  
631 Hibbard

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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

Date  
MM / DD / YYYY  
09 / 17 / 2006

---

Amount

**Transaction ID:** SE24.4979

---

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:150px" type="text" value="59.29"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:150px" type="text" value="22.71"/>
(c) <b>TOTAL</b> 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.

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

# 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  
Jone Seal Promo Jone Seal Promotions

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

Mailing Address  
7900N Nagle

Amount  
63.23

City State Zip Code  
Morton Grove IL 60053

Transaction ID: SE24.4943  
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  
1692.42

Full Name (Last, First, Middle, Initial) of Payee  
Patrick Keenan-Devlin

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

Mailing Address  
551 Hinman.#F3

Amount  
67.50

City State Zip Code  
Evanston IL 60202

Transaction ID: SE24.4921  
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  
3546.74

(a) SUBTOTAL of Itemized Independent Expenditures .....	130.73
(b) SUBTOTAL of Unitemized Independent Expenditures .....	22.71
(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 0 / 0 2 / 2 0 0 6

# 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  
Kinkos,Inc Kinko's

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

Mailing Address  
2518 Green Bay Rd

Amount  
8.30

City State Zip Code  
Evanston IL 60201

Transaction ID: SE24.4697

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  
2603.35

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

Full Name (Last, First, Middle, Initial) of Payee  
Kinkos,Inc Kinko's

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

Mailing Address  
2518 Green Bay Rd

Amount  
7.61

City State Zip Code  
Evanston IL 60201

Transaction ID: SE24.4917

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  
3399.15

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	15.91
(b) SUBTOTAL of Unitemized Independent Expenditures .....	22.71
(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 0 / 0 2 / 2 0 0 6

**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  
Moraine Cty Democrats

Mailing Address  
580 Roger Williams

City State Zip Code  
Highland Park IL 60035

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 2678.35

Date  
MM / DD / YYYY  
08 / 11 / 2006

Amount  
75.00

**Transaction ID:** SE24.4733

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  
Network Solutions

Mailing Address  
1803 Wabansia-B

City State Zip Code  
chicago IL 60622

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 1460.44

Date  
MM / DD / YYYY  
07 / 24 / 2006

Amount  
11.24

**Transaction ID:** SE24.4558

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;">86.24</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">22.71</span>
<b>(c) TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </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 MM / DD / YYYY  
10 / 02 / 2006

# 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  
North Shore North Shore Printers

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

Mailing Address  
535 So. Sheridan Rd

Amount  
229.27

City State Zip Code  
Waukegan IL 60085

Transaction ID: SE24.4911  
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 3162.34

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

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

Mailing Address  
POB 94081

Amount  
9.57

City State Zip Code  
Palatine IL 60094-4081

Transaction ID: SE24.4740  
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 2687.92

(a) SUBTOTAL of Itemized Independent Expenditures .....	238.84
(b) SUBTOTAL of Unitemized Independent Expenditures .....	22.71
(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 0 / 0 2 / 2 0 0 6

# 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  
R.H. Donnelly

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Mailing Address  
200 E. Randolph St

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City Chicago	State IL	Zip Code 60601
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Purpose of Expenditure	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:

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Calendar Year-To-Date Per Election for Office Sought	3435.75
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Date  
M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 6

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Amount  
7.35

**Transaction ID:** SE24.4919

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

Check One:  Support  Oppose

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

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

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Mailing Address  
6127 Green Bay Rd

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City Kenosha	State WI	Zip Code 53140
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Purpose of Expenditure	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:

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Calendar Year-To-Date Per Election for Office Sought	2760.36
---	---------

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

---

Amount  
16.99

**Transaction ID:** SE24.4705

---

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 .....	24.34
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	22.71
(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.

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 6

**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  
Renaissance N.S. Hotel

Mailing Address  
933 Skokie Blvd

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 2565.76

Date  
M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 6

Amount  
704.40

**Transaction ID:** SE24.4736

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  
Ross,Judiith

Mailing Address  
8725 N Springfield

City State Zip Code  
Skokie IL 60076

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 1786.36

Date  
M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 6

Amount  
75.00

**Transaction ID:** SE24.4677

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;">779.40</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">22.71</span>
<b>(c) TOTAL</b> Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"> </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  
1 0 / 0 2 / 2 0 0 6

# 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  
Staples

Mailing Address  
1509 Waukegan

City State Zip Code  
Glenview IL 60025

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 3479.24

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

Amount  
43.49

Transaction ID: SE24.4920

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  
Inc Staples

Mailing Address  
1509 Waukegan Rd

City State Zip Code  
glenview IL 60025

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 1255.71

Date  
M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 0 6

Amount  
8.12

Transaction ID: SE24.4553

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

Check One:  Support  Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">51.61</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">22.71</span>
(c) TOTAL Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </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  
1 0 / 0 2 / 2 0 0 6

# 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  
Teranet Teranet Consulting

Mailing Address  
POB 6151

City State Zip Code  
Lindenhurst IL 60046

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 4177.50

Date  
M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 6

Amount  
30.00

Transaction ID: SE24.4981

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 Chamber of Commerce

Mailing Address  
841 Spruce

City State Zip Code  
Winnetka IL 60093

Purpose of Expenditure Category/Type

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought 3428.40

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

Amount  
29.25

Transaction ID: SE24.4918

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

Check One:  Support  Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">59.25</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border:1px solid black; padding:2px;">22.71</span>
(c) TOTAL Independent Expenditures .....	<span style="border:1px solid black; padding:2px;"> </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  
1 0 / 0 2 / 2 0 0 6

# 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		Date M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6	
Full Name (Last, First, Middle, Initial) of Payee Winnetka Post Office		Amount 117.00	
Mailing Address 512 Chestnut		Transaction ID: SE24.4914	
City Winnetka	State IL	Zip Code 60093	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential
Purpose of Expenditure		Category/ Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		3379.84	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	117.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	22.71
(c) <b>TOTAL</b> Independent Expenditures .....	3017.07

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 0 / 0 2 / 2 0 0 6