

**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

Illinois Tenth Congressional District Democrats

ADDRESS (number and street)

1345 Forest

☐Check if different
than previously
reported. (ACC)

Highland Park

IL

60035

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00395889

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

01

17

2008

through

03

31

2008

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

Dwayne Douglas

Signature of Treasurer

Electronically Filed by Dwayne Douglas

Date

04

15

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Illinois Tenth Congressional District Democrats

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	1	7	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		21241.66
(b) Cash on Hand at Beginning of Reporting Period	20150.59	
(c) Total Receipts (from Line 19)	13753.25	14703.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33903.84	35944.91
7. Total Disbursements (from Line 31)	15622.15	17663.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18281.69	18281.69
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Illinois Tenth Congressional District Democrats

Report Covering the Period:

From:

M M
0 1D D
1 7Y Y Y Y
2 0 0 8

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 8

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	5495.00	5495.00
(i) Itemized (use Schedule A)	8119.70	9034.70
(ii) Unitemized	13614.70	14529.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	35.00	35.00
(c) Other Political Committees (such as PACs)	13649.70	14564.70
(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	35.00
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)	103.55	103.55
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))	13753.25	14703.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13753.25	14703.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13873.79	14911.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13873.79	14911.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	1748.36	2751.40
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	15622.15	17663.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15622.15	17663.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	13649.70	14564.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13649.70	14564.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13873.79	14911.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	103.55	103.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13770.24	14808.27

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

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Robert D Allison

Mailing Address 140 Robsart Pl.

City

Kenilworth

State

IL

Zip Code

60043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6927

Amount of Each Receipt this Period

5000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Diane Hobscheid

Mailing Address 939 Garden Ln.

City

Wheeling

State

IL

Zip Code

60090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Motorola, Inc.

Occupation
Software administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.6971

Amount of Each Receipt this Period

245.00

contribution

C.

Full Name (Last, First, Middle Initial)

James Moore

Mailing Address 815 Rice Street

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6721

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

5495.00

TOTAL This Period (last page this line number only)

5495.00

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

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

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Citizens for Leon Rockingham

Mailing Address 1945 Natoma

City

North Chicago

State

IL

Zip Code

60064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

35.00

Date of Receipt

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

Transaction ID: SA11C.6764

Amount of Each Receipt this Period

35.00

contribution

SUBTOTAL of Receipts This Page (optional)

35.00

TOTAL This Period (last page this line number only)

35.00

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 8 / 36

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

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

David Blumberg

Mailing Address 1575 Hawthorne lane

City
Highland park

State
IL

Zip Code
60035

Purpose of Disbursement
Merchandise - T-shirts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

538.80

B.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Credit Card Payment (see transactions)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6993

Date of Disbursement

/ /

Amount of Each Disbursement this Period

946.78

C.

Full Name (Last, First, Middle Initial)

Silo

Mailing Address 625 Rockland Rd.

City
Lake Bluff

State
IL

Zip Code
60044

Purpose of Disbursement
Food - Holiday Party

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6993.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

681.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1485.58

TOTAL 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 9 / 36

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

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Silo

Mailing Address 625 Rockland Rd.

City
Lake Bluff

State
IL

Zip Code
60044

Purpose of Disbursement
Food - Holiday Party

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6993.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

49.20

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
credit card payment (see transactions)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.64

C.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Rental - Hyatt Regency Deerfield

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.87

SUBTOTAL of Disbursements This Page (optional)

105.51

TOTAL 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 10 / 36

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Credit card payment (see transactions)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2504.14

B.

Full Name (Last, First, Middle Initial)

The Unemployed Philosophers Guild

Mailing Address 68 Jay St
#508

City
Brooklyn

State
NY

Zip Code
11201

Purpose of Disbursement
Merchandise

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7075.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

594.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Dr. Don's Buttons

Mailing Address 3906 W Morrow Dr

City
Glendale

State
AZ

Zip Code
85308

Purpose of Disbursement
Merchandise

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7075.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

508.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2504.14

TOTAL 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 11 / 36

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

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A. Full Name (Last, First, Middle Initial)
The Unemployed Philosophers Guild

Mailing Address 68 Jay St
#508

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
merchandise

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7075.3

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

396.00

[MEMO ITEM]

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

Mailing Address P.O. Box 790408

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
credit card fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7075.4

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

29.63

[MEMO ITEM]

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

Mailing Address P.O. Box 790408

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7075.5

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL 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 12 / 36

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

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Constant Contact Inc

Mailing Address 1601 Trapelo Rd

City
Waltham

State
MA

Zip Code
02451

Purpose of Disbursement
e-mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7075.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

541.88

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Credit card payment (see transactions)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7124

Date of Disbursement

/ /

Amount of Each Disbursement this Period

361.28

C.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7124.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

361.28

TOTAL 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 13 / 36

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

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)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
finance fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7124.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.92

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 99 S Waukegan

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7124.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

317.11

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
office supplies - Staples

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

257.52

SUBTOTAL of Disbursements This Page (optional)

257.52

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

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Cardmember Service

Mailing Address P.O. Box 790408

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Credit card payment (see transactions)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7139

Date of Disbursement

/ /

Amount of Each Disbursement this Period

624.73

B.

Full Name (Last, First, Middle Initial)

WebEx

Mailing Address 364 Ferguson Dr.

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
internet fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7139.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

99.95

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Go Daddy.com

Mailing Address 14455 N Hayden Rd

City
Scottsdale

State
AZ

Zip Code
85260

Purpose of Disbursement
internet fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7139.4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

320.56

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

624.73

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

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)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Lauren Beth Gash

Mailing Address 1345 Forest

City
Highland Park

State
IL

Zip Code
60035

Purpose of Disbursement
Consultant Services / Exec Dir

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7092

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

John Hmurovic

Mailing Address 208 Red Top Drive

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement
Consultant Services / Asst Dir

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7094

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Claire Montenegro

Mailing Address 1689 Lake Ave.

City
Highland Park

State
IL

Zip Code
60035

Purpose of Disbursement
Consultant Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7090

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

285.00

SUBTOTAL of Disbursements This Page (optional)

5785.00

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

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NAME OF COMMITTEE (In Full)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Claire Montenegro

Mailing Address 1689 Lake Ave.

City
Highland Park

State
IL

Zip Code
60035

Purpose of Disbursement
Consultant Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7095

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Claire Montenegro

Mailing Address 1689 Lake Ave.

City
Highland Park

State
IL

Zip Code
60035

Purpose of Disbursement
Consultant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7134

Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

575.00

C.

Full Name (Last, First, Middle Initial)

Moraine Township Democratic Organization

Mailing Address 580 Roger Williams Ave

City
Highland Park

State
IL

Zip Code
60035

Purpose of Disbursement
storage / mtg space 1Q 2008

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.7149

Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

690.00

SUBTOTAL of Disbursements This Page (optional)

1475.00

TOTAL 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 17 / 36

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

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)

Illinois Tenth Congressional District Democrats

A.

Full Name (Last, First, Middle Initial)

Sharon Narrod

Mailing Address 1139 Bob O Link

City
Highland Park

State
IL

Zip Code
60035

Purpose of Disbursement
Reimburse for Signs Now (non-fed cand.)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7114

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

588.00

B.

Full Name (Last, First, Middle Initial)

North Shore Printers

Mailing Address 535 S Sheridan Rd

City
Waukegan

State
IL

Zip Code
60085

Purpose of Disbursement
Printing Postcards

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7003

Date of Disbursement

01 / 26 / 2008

Amount of Each Disbursement this Period

87.73

C.

Full Name (Last, First, Middle Initial)

North Shore Printers

Mailing Address 535 S Sheridan Rd

City
Waukegan

State
IL

Zip Code
60085

Purpose of Disbursement
business cards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.7129

Date of Disbursement

02 / 05 / 2008

Amount of Each Disbursement this Period

188.56

SUBTOTAL of Disbursements This Page (optional)

864.29

TOTAL This Period (last page this line number only)

13463.05

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address P.O. Box 790408		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">73.80</div>	
<div style="display: flex; justify-content: space-between;"> <div>City St. Louis</div> <div>State MO</div> <div>Zip Code 63179</div> </div>		Transaction ID: SE.7106 Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate supported or Opposed by expenditure: Dan Seals		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">704.09</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address P.O. Box 790408		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">73.80</div>	
<div style="display: flex; justify-content: space-between;"> <div>City St. Louis</div> <div>State MO</div> <div>Zip Code 63179</div> </div>		Transaction ID: SE.7107 Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate supported or Opposed by expenditure: Jay Footlik		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">777.89</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">147.60</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

PAGE 19 / 36

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. Box 790408		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">48.87</div>	
City State Zip Code St. Louis MO 63179		Transaction ID: SE.7108	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">826.76</div>	
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. Box 790408		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">48.87</div>	
City State Zip Code St. Louis MO 63179		Transaction ID: SE.7110	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">875.63</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">97.74</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<p>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.</p>			
Dwayne Douglas Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 4</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. Box 790408		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">48.87</div>	
City State Zip Code St. Louis MO 63179		Transaction ID: SE.7111	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Edwards		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">924.50</div>	

Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address P.O. Box 790408		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">48.87</div>	
City State Zip Code St. Louis MO 63179		Transaction ID: SE.7112	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bill Richardson		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">973.37</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">97.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Dwayne Douglas

Signature

Date

M M
0 4

D D
1 5

Y Y Y Y
2 0 0 8

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date MM / DD / YYYY 02 / 18 / 2008	
Mailing Address P.O. Box 790408		Amount 48.87	
City State Zip Code St. Louis MO 63179		Transaction ID: SE.7113	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Kucinich		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1022.24		2008	
Full Name (Last, First, Middle, Initial) of Payee Cardmember Service		Date MM / DD / YYYY 02 / 18 / 2008	
Mailing Address P.O. Box 790408		Amount 48.87	
City State Zip Code St. Louis MO 63179		Transaction ID: SE.7159	
Purpose of Expenditure Rental - Hyatt Regen- cy Deerfield		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/ Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard Durbin		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1071.11		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		97.74	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date MM / DD / YYYY 04 / 15 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>01 / 26 / 2008</div> </div>	
Mailing Address 535 S Sheridan Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">131.60</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Waukegan</div> <div>State IL</div> <div>Zip Code 60085</div> </div>		Transaction ID: SE.7004	
Purpose of Expenditure Printing Postcards		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> Presidential	
Category/ Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dan Seals		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 465.94			

Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>01 / 26 / 2008</div> </div>	
Mailing Address 535 S Sheridan Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">131.60</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Waukegan</div> <div>State IL</div> <div>Zip Code 60085</div> </div>		Transaction ID: SE.7005	
Purpose of Expenditure Printing Postcards		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> Presidential	
Category/ Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Footlik		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 597.54			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">263.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Dwayne Douglas

Signature

Date

MM / DD / YY

04 / 15 / 2008

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
Mailing Address 535 S Sheridan Rd		Amount 87.74	
City State Zip Code Waukegan IL 60085		Transaction ID: SE.7043	
Purpose of Expenditure Printing postcards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
644.99			
Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
Mailing Address 535 S Sheridan Rd		Amount 87.74	
City State Zip Code Waukegan IL 60085		Transaction ID: SE.7044	
Purpose of Expenditure Printing postcards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
732.73			
(a) SUBTOTAL of Itemized Independent Expenditures		175.48	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 535 S Sheridan Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">87.74</div>	
City State Zip Code Waukegan IL 60085		Transaction ID: SE.7045	
Purpose of Expenditure Printing postcards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Edwards		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">820.47</div>	

Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 535 S Sheridan Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">87.74</div>	
City State Zip Code Waukegan IL 60085		Transaction ID: SE.7046	
Purpose of Expenditure Printing postcards		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bill Richardson		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">908.21</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">175.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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.

Dwayne Douglas

Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 535 S Sheridan Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87.74</div>	
City State Zip Code Waukegan IL 60085		Transaction ID: SE.7047	
Purpose of Expenditure Printing postcards		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Kucinich		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">995.95</div>			
Full Name (Last, First, Middle, Initial) of Payee North Shore Printers		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 2 6</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 535 S Sheridan Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">87.74</div>	
City State Zip Code Waukegan IL 60085		Transaction ID: SE.7154	
Purpose of Expenditure Printing postcards		Office Sought: <input type="checkbox"/> House State: <u>IL</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard Durbin		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">193.19</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">175.48</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
Mailing Address 190 Farnsworth		Amount 15.15	
City Northbrook State IL Zip Code 60062		Transaction ID: SE.7008	
Purpose of Expenditure Reimbursem't - decorations/Convtn.		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dan Seals		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 612.69		2008	
Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
Mailing Address 190 Farnsworth		Amount 15.15	
City Northbrook State IL Zip Code 60062		Transaction ID: SE.7009	
Purpose of Expenditure Reimbursem't - decorations/Convtn.		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Footlik		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 627.84		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		30.30	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders	Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 1</div> <div><small>D</small> <small>D</small> 2 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>
Mailing Address 190 Farnsworth	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.10</div>
<div style="display: flex; justify-content: space-between;"> <div>City Northbrook</div> <div>State IL</div> <div>Zip Code 60062</div> </div>	Transaction ID: SE.7053
Purpose of Expenditure Reimbursem't - decorations/Convtn.	<div style="display: flex; justify-content: space-between;"> <div>Category/ Type</div> <div style="border: 1px solid black; padding: 2px;">007</div> </div>
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton	
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">1006.05</div>

Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders	Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 1</div> <div><small>D</small> <small>D</small> 2 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 8</div> </div>
Mailing Address 190 Farnsworth	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.10</div>
<div style="display: flex; justify-content: space-between;"> <div>City Northbrook</div> <div>State IL</div> <div>Zip Code 60062</div> </div>	Transaction ID: SE.7054
Purpose of Expenditure Reimbursem't - decorations/Convtn.	<div style="display: flex; justify-content: space-between;"> <div>Category/ Type</div> <div style="border: 1px solid black; padding: 2px;">007</div> </div>
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama	
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">1016.15</div>

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">20.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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.

Dwayne Douglas

Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 190 Farnsworth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.10</div>	
City Northbrook	State IL	Zip Code 60062	
Purpose of Expenditure Reimburse'm't - decorations/Convtn.		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate supported or Opposed by expenditure: John Edwards		Transaction ID: SE.7055 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1026.25</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	

Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 01</div> <div style="border: 1px solid black; padding: 2px;">D 26</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 190 Farnsworth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.10</div>	
City Northbrook	State IL	Zip Code 60062	
Purpose of Expenditure Reimburse'm't - decorations/Convtn.		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate supported or Opposed by expenditure: Bill Richardson		Transaction ID: SE.7057 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1036.35</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	

(a) SUBTOTAL of Itemized Independent Expenditures	20.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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.

Dwayne Douglas

Signature

Date

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
Mailing Address 190 Farnsworth		Amount 10.10	
City Northbrook State IL Zip Code 60062		Transaction ID: SE.7058	
Purpose of Expenditure Reimbursem't - decorations/Convtn.		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Kucinich		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1046.45		2008	
Full Name (Last, First, Middle, Initial) of Payee Sharon Sanders		Date M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8	
Mailing Address 190 Farnsworth		Amount 10.10	
City Northbrook State IL Zip Code 60062		Transaction ID: SE.7156	
Purpose of Expenditure Reimbursem't - decorations/Convtn.		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard Durbin		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 203.29		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		20.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eugene Sollo		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 0 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 723 Interlocken Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">64.16</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Riverwoods</div> <div>State IL</div> <div>Zip Code 60015</div> </div>		Transaction ID: SE.7117 <hr/> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Reimbursement for Fast Signs		Category/Type 006	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">267.45</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Eugene Sollo		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 0 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 723 Interlocken Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">64.16</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Riverwoods</div> <div>State IL</div> <div>Zip Code 60015</div> </div>		Transaction ID: SE.7118 <hr/> Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Reimbursement for Fast Signs		Category/Type 006	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">331.61</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">128.32</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 1 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eugene Sollo		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 08</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 723 Interlocken Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">64.16</div>	
City Riverwoods		Transaction ID: SE.7119	
State IL		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Zip Code 60015		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Reimbursement for Fast Signs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/Type 006		2008	
Name of Federal Candidate supported or Opposed by expenditure: John Edwards			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">395.77</div>			
Full Name (Last, First, Middle, Initial) of Payee Eugene Sollo		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 08</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 723 Interlocken Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">64.16</div>	
City Riverwoods		Transaction ID: SE.7120	
State IL		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Zip Code 60015		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Reimbursement for Fast Signs		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/Type 006		2008	
Name of Federal Candidate supported or Opposed by expenditure: Bill Richardson			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">459.93</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">128.32</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eugene Sollo		Date MM / DD / YYYY 02 / 08 / 2008	
Mailing Address 723 Interlocken Ct.		Amount 64.16	
City State Zip Code Riverwoods IL 60015		Transaction ID: SE.7121	
Purpose of Expenditure Reimbursement for Fa- st Signs		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Kucinich		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 524.09		2008	
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date MM / DD / YYYY 02 / 16 / 2008	
Mailing Address 33 Berkshire Ln.		Amount 17.70	
City State Zip Code Lincolnshire IL 60069		Transaction ID: SE.7098	
Purpose of Expenditure Reimbursement for Qu- ill purchase		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dan Seals		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 541.79		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		81.86	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date MM / DD / YYYY 04 / 15 / 2008	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 33 Berkshire Ln.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17.70</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Lincolnshire</div> <div>State IL</div> <div>Zip Code 60069</div> </div>		Transaction ID: SE.7099 Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>10</u> <input type="checkbox"/> Presidential	
Purpose of Expenditure Reimbursement for Qu-ill purchase		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate supported or Opposed by expenditure: Jay Footlik		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">559.49</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 33 Berkshire Ln.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.80</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Lincolnshire</div> <div>State IL</div> <div>Zip Code 60069</div> </div>		Transaction ID: SE.7100 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Reimbursement for Qu-ill purchase		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">571.29</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">29.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00395889</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 33 Berkshire Ln.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.80</div>	
City Lincolnshire State IL Zip Code 60069		Transaction ID: SE.7101	
Purpose of Expenditure Reimbursement for Qu-ill purchase		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">583.09</div>			
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 16</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 33 Berkshire Ln.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.80</div>	
City Lincolnshire State IL Zip Code 60069		Transaction ID: SE.7102	
Purpose of Expenditure Reimbursement for Qu-ill purchase		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Edwards		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">594.89</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">23.60</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 04</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER ▼ C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 8	
Mailing Address 33 Berkshire Ln.		Amount 11.80	
City Lincolnshire State IL Zip Code 60069		Transaction ID: SE.7103	
Purpose of Expenditure Reimbursement for Qu-ill purchase		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bill Richardson		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 606.69		2008	
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 8	
Mailing Address 33 Berkshire Ln.		Amount 11.80	
City Lincolnshire State IL Zip Code 60069		Transaction ID: SE.7104	
Purpose of Expenditure Reimbursement for Qu-ill purchase		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 007		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dennis Kucinich		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 618.49		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		23.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(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.			
Dwayne Douglas Signature		Date M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Illinois Tenth Congressional District Democrats		FEC IDENTIFICATION NUMBER C C00395889	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Pat Wilder		Date M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 8	
Mailing Address 33 Berkshire Ln.		Amount 11.80	
City Lincolnshire		Transaction ID: SE.7158	
State IL		Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Zip Code 60069		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure reimbursement for Qu- ill purchase		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Category/ Type 007			
Name of Federal Candidate supported or Opposed by expenditure: Richard Durbin			
Calendar Year-To-Date Per Election for Office Sought		630.29	

(a) SUBTOTAL of Itemized Independent Expenditures	11.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1748.36

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.

Dwayne Douglas
Signature

Date M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8