# REPORT OF RECEIPTS AND DISBURSEMENTS



**For An Authorized Committee**
(Summary Page)

**1. NAME OF COMMITTEE (in full)**
**CITIZENS FOR RUSH**

**ADDRESS (number and street)** ☐ Check if different than previously reported
3361 SOUTH KING DRIVE

**2. FEC IDENTIFICATION NUMBER**
C00257121

**CITY, STATE, and ZIP CODE**
CHICAGO IL 60616

**STATE / DISTRICT**
IL / 01

**3. IS THIS REPORT AN AMENDMENT?**
☒ YES ☐ NO

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding _____ (election type) election on _____ in the State of _____ .

☐ Thirtieth day report following the General Election on _____ in the State of _____ .

☐ Termination report

This report contains activity for ☒ Primary election ☒ General election ☐ Runoff election ☐ Special election

## SUMMARY

| 5. Covering period 07/01/2000 through 09/30/2000 . | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. Net contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from line 11(e)) | 43350.00 | 278817.03 |
| (b) Total Contribution Refunds (from line 20(d)) | 5000.00 | 8900.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) | 38350.00 | 269917.03 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from line 17) | 28674.02 | 404218.64 |
| (b) Total Offsets to Operating Expenditures (from line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a)) | 28674.02 | 404218.64 |
| 8. Cash on Hand at Close of Reporting Period (from line 27) | 18853.11 | |
| 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) | 34515.21 | |

**For further information contact :**
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
**Electronically Filed by Sheila L. Jackson**

Signature of Treasurer

Date
02/14/2001

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

**FEC FORM 3**
**(revised 4/87)**

FESAN059