

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 People Helping Illinois Lead

ADDRESS (number and street) 499 South Capitol Street, SW Suite 412 Washington DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00447581 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of DC

5. Covering Period 10 16 2008 through 11 24 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 Mr. Randall Broz

Signature of Treasurer Electronically Filed by Mr. Randall Broz Date 12 04 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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
People Helping Illinois Lead

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">11448.54</td></tr></table>	11448.54										
11448.54												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">17500.00</td></tr></table>	17500.00	<table border="1" style="width: 100%;"><tr><td align="center">54450.00</td></tr></table>	54450.00								
17500.00												
54450.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">28948.54</td></tr></table>	28948.54	<table border="1" style="width: 100%;"><tr><td align="center">54450.00</td></tr></table>	54450.00								
28948.54												
54450.00												
<hr/> 7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">20389.24</td></tr></table>	20389.24	<table border="1" style="width: 100%;"><tr><td align="center">45890.70</td></tr></table>	45890.70								
20389.24												
45890.70												
<hr/> 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">8559.30</td></tr></table>	8559.30	<table border="1" style="width: 100%;"><tr><td align="center">8559.30</td></tr></table>	8559.30								
8559.30												
8559.30												
<hr/> 9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
<hr/> 10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
People Helping Illinois Lead

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	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	0.00	1250.00
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....	0.00	1450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	17500.00	53000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17500.00	54450.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17500.00	54450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17500.00	54450.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	2789.24	3290.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2789.24	3290.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8600.00	18600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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.....	9000.00	9000.00
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))..	20389.24	45890.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20389.24	45890.70

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17500.00	54450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17500.00	54450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2789.24	3290.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2789.24	3290.70

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
People Helping Illinois Lead

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 Prince Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

**Transaction ID:** SA11C.4194

Amount of Each Receipt this Period  
5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
DRIVE - Committee

Mailing Address 25 Louisiana Avenue, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

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

**Transaction ID:** SA11C.4192

Amount of Each Receipt this Period  
2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** SA11C.4190

Amount of Each Receipt this Period  
5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

<b>A.</b>	Full Name (Last, First, Middle Initial) UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION		Date of Receipt
	Mailing Address 1775 K STREET NW		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	WASHINGTON	DC	20006
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4196
	<input type="text" value="C70003645"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="5000.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution	
Aggregate Year-to-Date ▼		<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="17500.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4246 Date of Disbursement																			
	Mailing Address P.O. Box 1270	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense Candidate Name	<table border="1"><tr><td>1096.83</td></tr></table>	1096.83																		
1096.83																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

B.	Full Name (Last, First, Middle Initial) CATO Travel	Transaction ID: SB21B.4246.0 Date of Disbursement																			
	Mailing Address B222 Longworth HOB	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
	City Washington State DC Zip Code 20515	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Airfare Candidate Name	<table border="1"><tr><td>671.00</td></tr></table>	671.00																		
671.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Detroit Marriott	Transaction ID: SB21B.4246.1 Date of Disbursement																			
	Mailing Address Renaissance Center	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	8												
	City Detroit State MI Zip Code 48243	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lodging Candidate Name	<table border="1"><tr><td>320.85</td></tr></table>	320.85																		
320.85																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1096.83</td></tr></table>	1096.83
1096.83		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

**A.**

Full Name (Last, First, Middle Initial)  
Political Development Group, LLC

**Transaction ID:** SB21B.4238

Date of Disbursement

Mailing Address 499 S. Capitol Street, SW  
Suite 412

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1677.26
---------

Purpose of Disbursement  
Fundraising Expenses

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
CATO Travel

**Transaction ID:** SB21B.4238.0

Date of Disbursement

Mailing Address B222 Longworth HOB

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

City Washington State DC Zip Code 20515

Amount of Each Disbursement this Period

1501.50
---------

Purpose of Disbursement  
Travel - Airfare

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1677.26
---------

**TOTAL** This Period (last page this line number only) ..... ►

2774.09
---------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

**A.** Full Name (Last, First, Middle Initial)  
CAROL SHEA-PORTER FOR CONGRESS

Mailing Address P.O. Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
CAROL SHEA-PORTER FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.4237  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1300.00

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR CALLAHAN

Mailing Address PO BOX 9458

City PEORIA State IL Zip Code 61612

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
CITIZENS FOR CALLAHAN

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.4198  
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR CALLAHAN

Mailing Address PO BOX 9458

City PEORIA State IL Zip Code 61612

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
CITIZENS FOR CALLAHAN

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.4215  
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

1300.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3600.00

**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 11 / 14

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

A.

Full Name (Last, First, Middle Initial)  
DAN SEALS FOR CONGRESS

Transaction ID: SB23.4224  
Date of Disbursement

Mailing Address P.O. Box 584

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

City Wilmette State IL Zip Code 60091

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement Contribution

011
-----

Category/Type

Candidate Name  
DANIEL JOSEPH SEALS

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: IL District: 10

B.

Full Name (Last, First, Middle Initial)  
FRANK KRATOVIL FOR CONGRESS

Transaction ID: SB23.4228  
Date of Disbursement

Mailing Address 222 Main Sail Drive  
PO Box 518

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

City Stevensville State MD Zip Code 21666

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement Contribution

011
-----

Category/Type

Candidate Name  
FRANK KRATOVIL FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: MD District: 01

C.

Full Name (Last, First, Middle Initial)  
MADIA FOR U S CONGRESS

Transaction ID: SB23.4220  
Date of Disbursement

Mailing Address PO Box 2459

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

City Maple Grove State MN Zip Code 55311

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement Contribution

011
-----

Category/Type

Candidate Name  
JIGAR ASHWIN MADIA

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: MN District: 03

SUBTOTAL of Disbursements This Page (optional) .....

3000.00
---------

TOTAL This Period (last page this line number only) .....

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**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 / 14

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

**A.**

Full Name (Last, First, Middle Initial)  
MURTHA FOR CONGRESS COMMITTEE

**Transaction ID:** SB23.4234

Date of Disbursement

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

Mailing Address Suite 120 551 Main Street  
BT FINANCIAL PLAZA SUITE 220

Amount of Each Disbursement this Period

1000.00
---------

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
MURTHA FOR CONGRESS COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: PA District: 12

**B.**

Full Name (Last, First, Middle Initial)  
TINKLENBERG FOR CONGRESS

**Transaction ID:** SB23.4216

Date of Disbursement

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

Mailing Address 9298 CENTRAL AVE NE

Amount of Each Disbursement this Period

1000.00
---------

City BLAINE State MN Zip Code 55434

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
ELWYN GLENN TINKLENBERG

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: MN District: 06

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00
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**TOTAL** This Period (last page this line number only) ..... ►

8600.00
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**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 / 14

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF ILLINOIS	Transaction ID: SB29.4205 Date of Disbursement																			
	Mailing Address P.O. Box 518	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	6	/	2	0	0	8												
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF ILLINOIS	Transaction ID: SB29.4230 Date of Disbursement																			
	Mailing Address P.O. Box 518	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	8	/	2	0	0	8												
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Friends of Mike Wassell	Transaction ID: SB29.4208 Date of Disbursement																			
	Mailing Address 349 Red Oak Court	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	4	/	2	0	0	8												
	City Geneseo State IL Zip Code 61254	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution - Local Race	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Mike Wassell	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00
7000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# 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 14 / 14

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

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NAME OF COMMITTEE (In Full)  
People Helping Illinois Lead

A.

Full Name (Last, First, Middle Initial)  
Henry County Democratic Party

Mailing Address 20223 East 200 Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4213

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
Macon County Democratic Party

Mailing Address P.O. Box 243

City Decatur State IL Zip Code 62525

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4211

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
Whiteside County Democratic Party

Mailing Address 3709 East 17th Street

City Sterling State IL Zip Code 61081

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.4232

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

9000.00