

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

Friends of Ray LaHood

ADDRESS (number and street) PO Box 3840

Check if different than previously reported. (ACC)

Peoria IL 61612

2. **FEC IDENTIFICATION NUMBER** C00284901

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

IL 18

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 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2008 through 09 30 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 Rex Linder

Signature of Treasurer Electronically Filed by Rex Linder Date 10 13 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Ray LaHood

Report Covering the Period:

From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	199468.64
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	194168.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	56191.30	685291.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	121.35	8763.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56069.95	676528.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	68041.19	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Ray LaHood

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

	0.00	116550.00
--	------	-----------

(ii) Unitemized.....

	0.00	35461.00
--	------	----------

(iii) TOTAL of contributions

	0.00	152011.00
--	------	-----------

from individuals..... ▶

	0.00	294.00
--	------	--------

(b) Political Party Committees.....

	0.00	47163.64
--	------	----------

(c) Other Political Committees (such as PACS).....

	0.00	0.00
--	------	------

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

	0.00	199468.64
--	------	-----------

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

	0.00	0.00
--	------	------

13. LOANS

(a) Made or Guaranteed by the Candidate.....

	0.00	0.00
--	------	------

(b) All Other Loans.....

	0.00	0.00
--	------	------

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

	0.00	0.00
--	------	------

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

	121.35	8763.01
--	--------	---------

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

	562.68	25712.29
--	--------	----------

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

	684.03	233943.94
--	--------	-----------

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	56191.30	685291.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	4300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5300.00
21. OTHER DISBURSEMENTS.....	8000.00	191600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	64191.30	882191.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	131548.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	684.03
25. SUBTOTAL (add Line 23 and Line 24).....	132232.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64191.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	68041.19

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 48  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

**A.** Full Name (Last, First, Middle Initial)  
Heritage Bank Savings  
Mailing Address 3420 W Willow Knolls Drive

City Peoria State IL Zip Code 61614-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 General 2008

Election Cycle-to-Date ▼ 13740.78

Date of Receipt 07 / 31 / 2008  
**Transaction ID:** 81012.C21849  
 Amount of Each Receipt this Period 210.74  
 Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Heritage Bank Savings  
Mailing Address 3420 W Willow Knolls Drive

City Peoria State IL Zip Code 61614-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 General 2008

Election Cycle-to-Date ▼ 13922.06

Date of Receipt 08 / 29 / 2008  
**Transaction ID:** 81012.C21850  
 Amount of Each Receipt this Period 181.28  
 Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Heritage Bank Savings  
Mailing Address 3420 W Willow Knolls Drive

City Peoria State IL Zip Code 61614-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 General 2008

Election Cycle-to-Date ▼ 14092.72

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81012.C21851  
 Amount of Each Receipt this Period 170.66  
 Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **562.68**

**TOTAL** This Period (last page this line number only) ..... ► **562.68**

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
116, Inc

Mailing Address 234 third Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8401

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

80.25

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MEALS

B.

Full Name (Last, First, Middle Initial)  
Anstett Accounting

Mailing Address 615 W Glen Avenue

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8408

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

214.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ACCOUNTING SERVICES

C.

Full Name (Last, First, Middle Initial)  
Anstett Accounting

Mailing Address 615 W Glen Avenue

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8420

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

ACCOUNTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

319.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 27-866</p> <p>City Kansas City State MO Zip Code 64184-0866</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8397</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 263.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8405</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8419</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 69.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>

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

483.10

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 81012.E8403 Date of Disbursement 07 / 30 / 2008
	Mailing Address 300 First Street SE	Amount of Each Disbursement this Period 652.37
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 81012.E8416 Date of Disbursement 08 / 25 / 2008
	Mailing Address 300 First Street SE	Amount of Each Disbursement this Period 660.13
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meals Candidate Name	MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: 81012.E8521 Date of Disbursement 09 / 16 / 2008
	Mailing Address PO Box 15153	Amount of Each Disbursement this Period 2935.75
	City Wilmington State DE Zip Code 19886-5153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW: Candidate Name	SEE BELOW:
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4248.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Hertz Rent A Car

Mailing Address 3201 Airport Way

City State Zip Code  
Boise ID 83705-

Purpose of Disbursement  
Car Rental

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8525  
Date of Disbursement

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

Amount of Each Disbursement this Period

1029.54
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CAR RENTAL

B.

Full Name (Last, First, Middle Initial)  
Sun Valley Company

Mailing Address One Sun Valley Road

City State Zip Code  
Sun Valley ID 83353-

Purpose of Disbursement  
Lodging/Charity Event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8524  
Date of Disbursement

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

Amount of Each Disbursement this Period

1896.21
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING/CHARITY EVENT

C.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 2800 Davis Road

City State Zip Code  
Sterling VA 20164-

Purpose of Disbursement  
eTicket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8522  
Date of Disbursement

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

Amount of Each Disbursement this Period

5.00
------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: ETICKET

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

0.00
------

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 2800 Davis Road City Sterling State VA Zip Code 20164- Purpose of Disbursement eTicket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8523 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: ETICKET

<b>B.</b> Full Name (Last, First, Middle Initial) City Of Peoria Mailing Address 419 Fulton Street City Peoria State IL Zip Code 61602-1276 Purpose of Disbursement Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8406 Date of Disbursement 07 / 31 / 2008
	Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SPONSORSHIP

<b>C.</b> Full Name (Last, First, Middle Initial) Danny Thompson Memorial Outing Mailing Address PO Box 232 City Sun Valley State ID Zip Code 83353- Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8454 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT TICKETS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Easter Seals Rehab Center

Mailing Address 507 E Armstrong Avenue

City Peoria State IL Zip Code 61603-

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8435  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

25000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)  
Freedom & Security PAC

Mailing Address 1117 Atwood Court

City Shakopee State MN Zip Code 55379-

Purpose of Disbursement  
Event Ticket

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8413  
Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EVENT TICKET

C.

Full Name (Last, First, Middle Initial)  
Geier Florist

Mailing Address 2002 W Heading Avenue

City West Peoria State IL Zip Code 61604-

Purpose of Disbursement  
Arrangements

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8390  
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

189.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

ARRANGEMENTS

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

26689.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Geier Florist</p> <p>Mailing Address 2002 W Heading Avenue</p> <p>City West Peoria State IL Zip Code 61604-</p> <p>Purpose of Disbursement Arrangements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8407</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="182.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>ARRANGEMENTS</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Goodwill Industries</p> <p>Mailing Address 2319 E War Memorial Drive</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8470</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>EVENT TICKETS</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Heritage Bank Payroll</p> <p>Mailing Address 3420 W Willow Knolls Drive</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement SEE BELOW:</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8455</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2153.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SEE BELOW:</b></p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Heritage Bank Payroll

Mailing Address 3420 W Willow Knolls Drive

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81012.E8456  
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

351.83

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TAXES

B.

Full Name (Last, First, Middle Initial)  
Illinois Department of Revenue

Mailing Address PO Box 19084

City Springfield State IL Zip Code 62794-9008

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81012.E8457  
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

45.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TAXES

C.

Full Name (Last, First, Middle Initial)  
Joan E Perisin

Mailing Address 113 W Coventry Ln

City Peoria State IL Zip Code 61614-2107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81012.E8458  
Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

1756.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Heritage Bank Payroll</p> <p>Mailing Address 3420 W Willow Knolls Drive</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement SEE BELOW:</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8461</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2153.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW:</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Heritage Bank Payroll</p> <p>Mailing Address 3420 W Willow Knolls Drive</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8462</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 351.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TAXES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Illinois Department of Revenue</p> <p>Mailing Address PO Box 19084</p> <p>City Springfield State IL Zip Code 62794-9008</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8460</p> <p>Date of Disbursement 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 45.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TAXES</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2153.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Joan E Perisin

Mailing Address 113 W Coventry Ln

City Peoria State IL Zip Code 61614-2107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8463  
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

1756.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: PAYROLL

B.

Full Name (Last, First, Middle Initial)  
Heritage Bank Payroll

Mailing Address 3420 W Willow Knolls Drive

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
SEE BELOW:

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8465  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

2153.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW:

C.

Full Name (Last, First, Middle Initial)  
Heritage Bank Payroll

Mailing Address 3420 W Willow Knolls Drive

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8466  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

351.83

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TAXES

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

2153.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Illinois Department of Revenue

Mailing Address PO Box 19084

City Springfield State IL Zip Code 62794-9008

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8467

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

45.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TAXES

B.

Full Name (Last, First, Middle Initial)  
Joan E Perisin

Mailing Address 113 W Coventry Ln

City Peoria State IL Zip Code 61614-2107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8464

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1756.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: PAYROLL

C.

Full Name (Last, First, Middle Initial)  
Illinois Department of Employment Secur

Mailing Address PO Box 19300

City Springfield State IL Zip Code 62794-9300

Purpose of Disbursement  
Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8459

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

48.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

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

48.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) Jacksonville Chamber	Transaction ID: 81012.E8412 Date of Disbursement 08 / 12 / 2008
	Mailing Address 155 W Morton	Amount of Each Disbursement this Period 40.00
	City Jacksonville State IL Zip Code 62650-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Tickets	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EVENT TICKETS

B.	Full Name (Last, First, Middle Initial) Krells Quick Print	Transaction ID: 81012.E8391 Date of Disbursement 07 / 16 / 2008
	Mailing Address 329 S Main Street	Amount of Each Disbursement this Period 1076.01
	City Jacksonville State IL Zip Code 62650-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN SUPPLIES

C.	Full Name (Last, First, Middle Initial) Mini-Max Storage Company	Transaction ID: 81012.E8402 Date of Disbursement 07 / 30 / 2008
	Mailing Address 7500 Brauer Road	Amount of Each Disbursement this Period 98.00
	City Peoria State IL Zip Code 61615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		STORAGE RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1214.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) Mini-Max Storage Company <hr/> Mailing Address 7500 Brauer Road <hr/> City Peoria State IL Zip Code 61615- <hr/> Purpose of Disbursement Storage Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8473 Date of Disbursement 08 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE RENTAL
B.	Full Name (Last, First, Middle Initial) Mini-Max Storage Company <hr/> Mailing Address 7500 Brauer Road <hr/> City Peoria State IL Zip Code 61615- <hr/> Purpose of Disbursement Storage Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8434 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 108.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE RENTAL
C.	Full Name (Last, First, Middle Initial) MTCO Communications <hr/> Mailing Address 220 N Menard Street <hr/> City Metamora State IL Zip Code 61548-0649 <hr/> Purpose of Disbursement Internet Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8392 Date of Disbursement 07 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICES

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

216.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) MTCO Communications	Transaction ID: 81012.E8411 Date of Disbursement 08 / 12 / 2008
	Mailing Address 220 N Menard Street	Amount of Each Disbursement this Period 15.00
	City Metamora State IL Zip Code 61548-0649	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		INTERNET SERVICES

B.	Full Name (Last, First, Middle Initial) MTCO Communications	Transaction ID: 81012.E8421 Date of Disbursement 09 / 15 / 2008
	Mailing Address 220 N Menard Street	Amount of Each Disbursement this Period 10.00
	City Metamora State IL Zip Code 61548-0649	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		INTERNET SERVICES

C.	Full Name (Last, First, Middle Initial) National City Visa	Transaction ID: 81012.E8396 Date of Disbursement 07 / 16 / 2008
	Mailing Address PO Box 85440	Amount of Each Disbursement this Period 3220.57
	City Louisville State KY Zip Code 40285-5440	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW: Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE BELOW:

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3245.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amoco/Peoria</p> <p>Mailing Address 3623 N University Street</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement Auto Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8476</p> <p>Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 19.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amoco/Peoria</p> <p>Mailing Address 3623 N University Street</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement Auto Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8477</p> <p>Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 69.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Apollo Mart/Bartonville</p> <p>Mailing Address Not listed</p> <p>City Bartonville State IL Zip Code 61607-</p> <p>Purpose of Disbursement Auto Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8479</p> <p>Date of Disbursement 06 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 71.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8487  
Date of Disbursement

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

Amount of Each Disbursement this Period

16.13
-------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

B.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8517  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	8

Amount of Each Disbursement this Period

99.61
-------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8488  
Date of Disbursement

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

Amount of Each Disbursement this Period

86.91
-------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8516  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	8

Amount of Each Disbursement this Period

14.95
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AUTO SUPPLIES

B.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8518  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

Amount of Each Disbursement this Period

16.70
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AUTO SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Bobby Vans Grille

Mailing Address 1201 New York Ave, NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement  
Meals  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8484  
Date of Disbursement

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

Amount of Each Disbursement this Period

553.61
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1604 Trapelo Rd Ste 329</p> <p>City Waltham State MA Zip Code 02451-7344</p> <p>Purpose of Disbursement Computer Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8486</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.88"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: COMPUTER SERVICE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FreedomPay Inc</p> <p>Mailing Address 565 East Swedesford Road Suite 100</p> <p>City Wayne State PA Zip Code 19087-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8478</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hucks Food &amp; Fuel/Peoria</p> <p>Mailing Address Not Listed</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement Auto Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8480</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.55"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
La Lomita Dos Restaurant

Mailing Address 5507 Connecticut Aveune, NW

City Washington State DC Zip Code 20015-

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8490

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

267.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
Monocle on Capitol Hill

Mailing Address 107 D Street NE

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8491

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

685.23

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)  
Monocle on Capitol Hill

Mailing Address 107 D Street NE

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8485

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

521.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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



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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) National City Visa</p> <p>Mailing Address PO Box 85440</p> <p>City Louisville State KY Zip Code 40285-5440</p> <p>Purpose of Disbursement Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8492</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.72"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FEE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 200 Riverside Drive</p> <p>City East Peoria State IL Zip Code 61611-</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8489</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="233.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Old Ebbitt Grill</p> <p>Mailing Address 675 15th Street NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8483</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="304.54"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ristorante Tosca</p> <p>Mailing Address 112 F St NW</p> <p>City Washington State DC Zip Code 20001-2016</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8482</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 112.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Thorntons/Lincoln</p> <p>Mailing Address Not Listed</p> <p>City Lincoln State IL Zip Code 62656-</p> <p>Purpose of Disbursement Auto Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8481</p> <p>Date of Disbursement 06 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 18.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 2800 Davis Road</p> <p>City Sterling State VA Zip Code 20164-</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8475</p> <p>Date of Disbursement 06 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AIRFARE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
National City Visa

Mailing Address PO Box 85440

City State Zip Code  
Louisville KY 40285-5440

Purpose of Disbursement  
SEE BELOW:

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8410

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

4821.98

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SEE BELOW:

B.

Full Name (Last, First, Middle Initial)  
Apollo Mart/Bartonville

Mailing Address Not listed

City State Zip Code  
Bartonville IL 61607-

Purpose of Disbursement  
Auto Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8513

Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

48.72

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AUTO SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Aristotle

Mailing Address Attn:Accounts Receivable  
50 E Street SE

City State Zip Code  
Washington DC 20003-

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8509

Date of Disbursement

07 / 19 / 2008

Amount of Each Disbursement this Period

1625.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: COMPUTER SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

4821.98

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b>	Full Name (Last, First, Middle Initial) BP Amoco Oil/Peoria  Mailing Address Not Listed  City Peoria State IL Zip Code 61614-  Purpose of Disbursement Auto Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8499 Date of Disbursement 07 / 05 / 2008  Amount of Each Disbursement this Period 43.21  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES
<b>B.</b>	Full Name (Last, First, Middle Initial) BP Amoco Oil/Peoria  Mailing Address Not Listed  City Peoria State IL Zip Code 61614-  Purpose of Disbursement Auto Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8519 Date of Disbursement 07 / 29 / 2008  Amount of Each Disbursement this Period 78.27  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES
<b>C.</b>	Full Name (Last, First, Middle Initial) BP Amoco Oil/Peoria  Mailing Address Not Listed  City Peoria State IL Zip Code 61614-  Purpose of Disbursement Auto Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8503 Date of Disbursement 07 / 11 / 2008  Amount of Each Disbursement this Period 20.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8497  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

95.43
-------

Purpose of Disbursement  
Auto Supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

B.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8495  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

65.13
-------

Purpose of Disbursement  
Auto Supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

C.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8494  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

21.34
-------

Purpose of Disbursement  
Auto Supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) BP Amoco Oil/Peoria	Transaction ID: 81012.E8500
	Mailing Address Not Listed	Date of Disbursement 07 / 05 / 2008
	City Peoria State IL Zip Code 61614-	Amount of Each Disbursement this Period 82.77
	Purpose of Disbursement Auto Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES

B.	Full Name (Last, First, Middle Initial) BP Amoco Oil/Peoria	Transaction ID: 81012.E8504
	Mailing Address Not Listed	Date of Disbursement 07 / 11 / 2008
	City Peoria State IL Zip Code 61614-	Amount of Each Disbursement this Period 63.10
	Purpose of Disbursement Auto Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES

C.	Full Name (Last, First, Middle Initial) Carlyle Grand Cafe	Transaction ID: 81012.E8506
	Mailing Address 4000 S 28th Street	Date of Disbursement 07 / 14 / 2008
	City Arlington State VA Zip Code 22206-	Amount of Each Disbursement this Period 234.57
	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	<b>[MEMO ITEM]</b> MEMO: MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) Center for Prevention of Abuse</p> <p>Mailing Address PO Box 3855</p> <p>City Peoria State IL Zip Code 61612-3855</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8502 <b>Date of Disbursement:</b> 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: EVENT TICKETS</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1604 Trapelo Rd Ste 329</p> <p>City Waltham State MA Zip Code 02451-7344</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8512 <b>Date of Disbursement:</b> 07 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 31.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: COMPUTER SERVICES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FreedomPay Inc</p> <p>Mailing Address 565 East Swedesford Road Suite 100</p> <p>City Wayne State PA Zip Code 19087-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8515 <b>Date of Disbursement:</b> 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 115.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FreedomPay Inc</p> <p>Mailing Address 565 East Swedesford Road Suite 100</p> <p>City Wayne State PA Zip Code 19087-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8505</p> <p>Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 123.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Illinois Republican Party</p> <p>Mailing Address PO Box 78</p> <p>City Springfield State IL Zip Code 62701-1702</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8493</p> <p>Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: ADVERTISING</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Monocle on Capitol Hill</p> <p>Mailing Address 107 D Street NE</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8508</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 62.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

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

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b> Full Name (Last, First, Middle Initial) National City Visa Mailing Address PO Box 85440 City Louisville State KY Zip Code 40285-5440 Purpose of Disbursement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 81012.E8520 Date of Disbursement 07 / 29 / 2008
	Amount of Each Disbursement this Period 90.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FEE

<b>B.</b> Full Name (Last, First, Middle Initial) Red Carpet Mailing Address 711 W Glen Avenue City Peoria State IL Zip Code 61614- Purpose of Disbursement Auto Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 81012.E8514 Date of Disbursement 07 / 24 / 2008
	Amount of Each Disbursement this Period 23.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AUTO MAINTENANCE

<b>C.</b> Full Name (Last, First, Middle Initial) United Airlines Mailing Address 2800 Davis Road City Sterling State VA Zip Code 20164- Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 81012.E8507 Date of Disbursement 07 / 14 / 2008
	Amount of Each Disbursement this Period 675.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) National City Visa	Transaction ID: 81012.E8418 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 85440	Amount of Each Disbursement this Period 1729.69
	City Louisville State KY Zip Code 40285-5440	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW: Candidate Name	SEE BELOW:
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Apollo Mart/Bartonville	Transaction ID: 81012.E8536 Date of Disbursement 08 / 13 / 2008
	Mailing Address Not listed	Amount of Each Disbursement this Period 26.40
	City Bartonville State IL Zip Code 61607-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Auto Supplies Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BP Amoco Oil/Peoria	Transaction ID: 81012.E8530 Date of Disbursement 08 / 04 / 2008
	Mailing Address Not Listed	Amount of Each Disbursement this Period 15.95
	City Peoria State IL Zip Code 61614-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Auto Supplies Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1729.69
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8534  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

54.13
-------

Purpose of Disbursement  
Auto Supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8537  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

15.95
-------

Purpose of Disbursement  
Auto Supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8532  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

55.46
-------

Purpose of Disbursement  
Auto Supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

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

State: District:

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

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8531  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

46.48
-------

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8544  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

20.09
-------

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Transaction ID: 81012.E8545  
Date of Disbursement

Mailing Address Not Listed

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

City Peoria State IL Zip Code 61614-

Amount of Each Disbursement this Period

56.31
-------

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: AUTO SUPPLIES

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8538  
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

75.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AUTO SUPPLIES

B.

Full Name (Last, First, Middle Initial)  
BP Amoco Oil/Peoria

Mailing Address Not Listed

City Peoria State IL Zip Code 61614-

Purpose of Disbursement  
Auto Supplies  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8533  
Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

16.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AUTO SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Constant Contact

Mailing Address 1604 Trapelo Rd Ste 329

City Waltham State MA Zip Code 02451-7344

Purpose of Disbursement  
Computer Services  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81012.E8541  
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

31.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: COMPUTER SERVICES

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) Exxon Mobile/Hinsdale</p> <p>Mailing Address</p> <p>City Hinsdale State IL Zip Code 60521-</p> <p>Purpose of Disbursement Auto Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8539 <b>Date of Disbursement</b> 08 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 73.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Green Chevrolet</p> <p>Mailing Address 8017 N Knoxville Ave</p> <p>City Peoria State IL Zip Code 61614-</p> <p>Purpose of Disbursement Auto Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8535 <b>Date of Disbursement</b> 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 33.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: AUTO MAINTENANCE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hunan Dynasty Restaurant</p> <p>Mailing Address 215 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1155</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8526 <b>Date of Disbursement</b> 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 379.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) Marathon Oil/Bloomington  Mailing Address Not Listed  City Bloomington State IL Zip Code 61704- Purpose of Disbursement Auto Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8529 Date of Disbursement 08 / 02 / 2008  Amount of Each Disbursement this Period 51.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AUTO SUPPLIES
B.	Full Name (Last, First, Middle Initial) Ristorante Tosca  Mailing Address 112 F St NW  City Washington State DC Zip Code 20001-2016 Purpose of Disbursement Meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8527 Date of Disbursement 07 / 31 / 2008  Amount of Each Disbursement this Period 156.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
C.	Full Name (Last, First, Middle Initial) Trail Creek Cabin  Mailing Address 1 Sun Valley Road  City Sun Valley State ID Zip Code 83353- Purpose of Disbursement Lodging/Charity Event Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8540 Date of Disbursement 08 / 20 / 2008  Amount of Each Disbursement this Period 248.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: LODGING/CHARITY EVE-NT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b>	Full Name (Last, First, Middle Initial) Joan E Perisin  Mailing Address 113 W Coventry Ln  City Peoria State IL Zip Code 61614-2107  Purpose of Disbursement SEE BELOW: Candidate Name _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8438 Date of Disbursement 09 / 15 / 2008  Amount of Each Disbursement this Period 491.02  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SEE BELOW:
<b>B.</b>	Full Name (Last, First, Middle Initial) Mini-Max Storage Company  Mailing Address 7500 Brauer Road  City Peoria State IL Zip Code 61615-  Purpose of Disbursement Storage Rental Deposit Candidate Name _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8550 Date of Disbursement 09 / 01 / 2008  Amount of Each Disbursement this Period 196.23  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: STORAGE RENTAL DEPOSIT
<b>C.</b>	Full Name (Last, First, Middle Initial) Office Depot  Mailing Address 801 W Lake Avenue  City Peoria State IL Zip Code 61614-  Purpose of Disbursement Printer Supplies Candidate Name _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8549 Date of Disbursement 09 / 01 / 2008  Amount of Each Disbursement this Period 87.79  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: PRINTER SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	491.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b>	Full Name (Last, First, Middle Initial) United States Post Office  Mailing Address 95 State Street  City Peoria State IL Zip Code 61601-  Purpose of Disbursement Post Box Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8548 Date of Disbursement 09 / 08 / 2008  Amount of Each Disbursement this Period 104.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POST BOX RENTAL
<b>B.</b>	Full Name (Last, First, Middle Initial) United States Post Office  Mailing Address 95 State Street  City Peoria State IL Zip Code 61601-  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8400 Date of Disbursement 07 / 16 / 2008  Amount of Each Disbursement this Period 55.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Amy Psinas  Mailing Address 2713 Deveron Circle  City Pekin State IL Zip Code 61554-  Purpose of Disbursement Framing Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8437 Date of Disbursement 07 / 30 / 2008  Amount of Each Disbursement this Period 212.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FRAMING SUPPLIES

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

267.75

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 48

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<p><b>A.</b> Full Name (Last, First, Middle Initial) Real Estate Roundtable</p> <p>Mailing Address 801 Pennsylvania Ave NW Ste 720 Suite 720</p> <p>City Washington State DC Zip Code 20004-2686</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8423 <b>Date of Disbursement</b> 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CATERING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) St Jude Midwest Affiliate</p> <p>Mailing Address 900 Main Street</p> <p>City Peoria State IL Zip Code 61602-</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8472 <b>Date of Disbursement</b> 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>EVENT TICKETS</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Teen Challenge</p> <p>Mailing Address Not Listed</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 81012.E8468 <b>Date of Disbursement</b> 09 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>EVENT TICKETS</b></p>

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

1600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim Ardis Foundation for Hope  Mailing Address 2130 N Knoxville Avenue  City Peoria State IL Zip Code 61603-  Purpose of Disbursement Event Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8471 Date of Disbursement 09 / 02 / 2008  Amount of Each Disbursement this Period 850.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>EVENT TICKETS</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address 815 W Pioneer Parkway  City Peoria State IL Zip Code 61615-  Purpose of Disbursement Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8395 Date of Disbursement 07 / 16 / 2008  Amount of Each Disbursement this Period 84.19  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PHONE SERVICE</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address 815 W Pioneer Parkway  City Peoria State IL Zip Code 61615-  Purpose of Disbursement Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81012.E8409 Date of Disbursement 08 / 12 / 2008  Amount of Each Disbursement this Period 93.53  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PHONE SERVICE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1027.72</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 48

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address 815 W Pioneer Parkway

City Peoria State IL Zip Code 61615-

Purpose of Disbursement  
Phone Service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81012.E8422

Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

188.83

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PHONE SERVICE

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

188.83

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

55607.67

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.	Full Name (Last, First, Middle Initial) Chris Lee for Congress	Transaction ID: 81012.E8440 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 15395	Amount of Each Disbursement this Period 500.00
	City Rochester State NY Zip Code 14615-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jack Quinn	Transaction ID: 81012.E8439 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 2281	Amount of Each Disbursement this Period 500.00
	City Buffalo State NY Zip Code 14219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Tim Johnson	Transaction ID: 81012.E8429 Date of Disbursement 09 / 15 / 2008
	Mailing Address PO Box 17097	Amount of Each Disbursement this Period 1000.00
	City Urbana State IL Zip Code 61803-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CONTRIBUTION Candidate Name TIM JOHNSON Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15	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) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

<b>A.</b>	Full Name (Last, First, Middle Initial) Judy Biggert for Congress <hr/> Mailing Address PO Box 637 <hr/> City Hinsdale State IL Zip Code 60522- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JUDY BIGGERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13	<b>Transaction ID:</b> 81012.E8425 <b>Date of Disbursement</b> 09 / 15 / 2008	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Lincoln Diaz- Balart for Congress <hr/> Mailing Address 8770 Sunset Drive #421 <hr/> City Miami State FL Zip Code 33173- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name LINCOLN DIAZ-BALART Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 21	<b>Transaction ID:</b> 81012.E8430 <b>Date of Disbursement</b> 09 / 15 / 2008	Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Manzullo for Congress <hr/> Mailing Address PO Box 7783 <hr/> City Rockford State IL Zip Code 61126- <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DONALD A. MANZULLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 16	<b>Transaction ID:</b> 81012.E8426 <b>Date of Disbursement</b> 09 / 15 / 2008	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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)  
Friends of Ray LaHood

**A.** Full Name (Last, First, Middle Initial)  
Mario Diaz Balart for Congress

Mailing Address 8770 Sunset Drive #422

City Miami State FL Zip Code 33173-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MARIO DIAZ-BALART

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 25

**Transaction ID:** 81012.E8431  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Mark Kirk for Congress

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MARK STEVEN KIRK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

**Transaction ID:** 81012.E8424  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.** Full Name (Last, First, Middle Initial)  
Roskam for Congress

Mailing Address 423 W Wesley Street

City Wheaton State IL Zip Code 60187-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PETER ROSKAM

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

**Transaction ID:** 81012.E8427  
Date of Disbursement

09 / 15 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 48

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Ray LaHood

A.

Full Name (Last, First, Middle Initial)  
Volunteers for Shimkus

Transaction ID: 81012.E8428

Date of Disbursement

Mailing Address PO Box 5458

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Springfield State IL Zip Code 62705-

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name  
JOHN M SHIMKUS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

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

1000.00
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TOTAL This Period (last page this line number only) .....

8000.00
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