

# 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

Citizens for Robert Abboud

ADDRESS (number and street) 1548 East Algonquin Road

PMB #613

Algonquin IL 60102

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00437251

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

IL 16

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 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 01 17 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Samuel Melei

Signature of Treasurer Electronically Filed by Samuel Melei Date 10 07 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

Citizens for Robert Abboud

Report Covering the Period:

From: 

M	M
0	1

D	D
1	7

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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)).....	36835.00	153188.12
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36835.00	153188.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	44694.14	134929.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44694.14	134929.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	67458.13	
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).....	56961.14	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Citizens for Robert Abboud

Report Covering the Period: From: 

M	M
0	1

D	D
1	7

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

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).....

34250.00

132207.16

(ii) Unitemized.....

2585.00

7151.02

(iii) TOTAL of contributions

36835.00

139358.18

from individuals..... ▶

0.00

500.00

(b) Political Party Committees.....

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

0.00

0.00

(d) The Candidate.....

0.00

13329.94

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

36835.00

153188.12

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

0.00

0.00

13. LOANS

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

39200.00

49200.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

39200.00

49200.00

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

0.00

0.00

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

0.00

0.00

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

76035.00

202388.12

**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.....	44694.14	134929.99
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	44694.14	134929.99

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36117.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	76035.00
25. SUBTOTAL (add Line 23 and Line 24).....	112152.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44694.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	67458.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Martha Adams		Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 207 Braeburn Road		<b>Transaction ID:</b> C17604098
	City Barrington Hill	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) John L. Borling, USAF Retir		Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 1979 Harlem Blvd		<b>Transaction ID:</b> C17427911
	City Rockford	State IL	Zip Code 61103-6358
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer Performance Consulting Group Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Elaine Broadhead		Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address P. O. Box 227		<b>Transaction ID:</b> C14594487
	City Middleburg	State VA	Zip Code 20118
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer None Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Carmichael		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 17273 North Creek Drive		Transaction ID: C14599582
	City Farmington	State MN	Zip Code 55024
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Senior Mechanical Engineer	Occupation Lockheed Martin	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Bryan C. Cressey		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 500 West County Line Road		Transaction ID: C17427906
	City Barrington Hills	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer Thoma Cressey Equity Partners	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan C. Cressey		Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 500 West County Line Road		Transaction ID: C17427907
	City Barrington Hills	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer Thoma Cressey Equity Partners	Occupation Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.** Full Name (Last, First, Middle Initial)  
Christina I. Cressey

Mailing Address 500 West County Line Road

City State Zip Code  
Barrington Hills IL 60010

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

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 4600.00

Date of Receipt: 02 / 04 / 2008  
Transaction ID: C17427909

Amount of Each Receipt this Period: 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Christina I. Cressey

Mailing Address 500 West County Line Road

City State Zip Code  
Barrington Hills IL 60010

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

Name of Employer None Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 4600.00

Date of Receipt: 02 / 04 / 2008  
Transaction ID: C17427908

Amount of Each Receipt this Period: 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Erck

Mailing Address 1536 Darien Lake Drive

City State Zip Code  
Darien IL 60561

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Date of Receipt: 01 / 24 / 2008  
Transaction ID: C14599574

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)  
Russell P. Fitton, D.D.S.

Mailing Address 1659 Baldwin Road

City Inverness State IL Zip Code 60067-4326

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 22 / 2008

Transaction ID: C14594484

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Robert Friedland

Mailing Address Suite 654-999 Canada Place

City State Zip Code

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

Name of Employer Ivanhoe Oil Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 11 / 2008

Transaction ID: C17458437

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Mary Galvin

Mailing Address Rolling Oaks Farm  
160 West Dundee Road

City Barrington State IL Zip Code 60010-9399

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 02 / 12 / 2008

Transaction ID: C17604100

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 31
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert W. Galvin	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 160 Dundee Road	<b>Transaction ID:</b> C17604101
	City State Zip Code Barrington IL 60010-9399	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carson Geddes Greene	Date of Receipt MM / DD / YYYY 03 / 11 / 2008
	Mailing Address 80 Hawley Woods Road	<b>Transaction ID:</b> C17460881
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The National Companies Occupation Executive Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Holly Johnson	Date of Receipt MM / DD / YYYY 03 / 12 / 2008
	Mailing Address 3496 Whitaker Road	<b>Transaction ID:</b> C17460977
	City State Zip Code Byron IL 61010	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-employed Occupation Physical Therapist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward kram	Date of Receipt MM / DD / YYYY 01 / 24 / 2008
	Mailing Address 222 N Kensington	<b>Transaction ID:</b> C17617465
	City State Zip Code LaGrange IL 60525	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Blue Arc Energy Solutions, Inc. Occupation Consultant Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peer Lykke	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 4 Barrington Bourne	<b>Transaction ID:</b> C14594491
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Innovatix, Inc. Occupation National Contracts Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Debrah M. Opatrny	Date of Receipt MM / DD / YYYY 03 / 20 / 2008
	Mailing Address 243 Leith Way	<b>Transaction ID:</b> C17610905
	City State Zip Code Cary IL 60013	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-Employed Occupation Homemaker Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 31  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)  
John W. Opatrny

Mailing Address 243 Leith Way

City Cary State IL Zip Code 60013-2631

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

Name of Employer Self-Employed Occupation Real Estate Management

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: C17460904

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Sandberg

Mailing Address 307 Ridge Road

City Barrington Hills State IL Zip Code 60010

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

Name of Employer Champion Steel Corporation Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: C17450551

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey T. Sanfilippo

Mailing Address 12 Rock Ridge Road

City Barrington Hills State IL Zip Code 60010-8802

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

Name of Employer John B. Sanfilippo & Sons, Inc. Occupation Chief Executive Officer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: C17410438

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 31	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert R. Yohanan		Date of Receipt																					
	Mailing Address 550 Greenwood		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	3	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2	/	1	3	/	2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> C17439712																			
	Kenilworth	IL	60043																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer First Bank & Trust		Occupation Managing Director/CEO		<input type="text" value="1000.00"/>																				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="34250.00"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud		Date of Receipt MM / DD / YYYY 01 / 22 / 2008
	Mailing Address 13 Country Oaks Lane		<b>Transaction ID:</b> C14597481
	City	State	Zip Code
	Barrington Hills	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1200.00
Name of Employer RGA Labs, Inc		Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 62529.94	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 13 Country Oaks Lane		<b>Transaction ID:</b> C14598178
	City	State	Zip Code
	Barrington Hills	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38000.00
Name of Employer RGA Labs, Inc		Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 62529.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>39200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>39200.00</b>

**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)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) 3rd Coast Research Mailing Address 300 North State Street#4705 City Chicago State IL Zip Code 60610 Purpose of Disbursement campaign consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D300341 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 5679.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement online contribution clearinghouse fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D300993 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 8 Amount of Each Disbursement this Period 108.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement online contribution service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D300994 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 183.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5971.77
<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)  
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc.	Transaction ID: D300995 Date of Disbursement 02 / 05 / 2008
	Mailing Address P.O. Box 390728	Amount of Each Disbursement this Period 14.23
	City Cambridge State MA Zip Code 02139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online contribution service fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc.	Transaction ID: D300997 Date of Disbursement 02 / 10 / 2008
	Mailing Address P.O. Box 390728	Amount of Each Disbursement this Period 5.93
	City Cambridge State MA Zip Code 02139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online contribution service fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc.	Transaction ID: D300998 Date of Disbursement 02 / 18 / 2008
	Mailing Address P.O. Box 390728	Amount of Each Disbursement this Period 61.23
	City Cambridge State MA Zip Code 02139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online contribution service fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>81.39</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)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Transaction ID: D300999  
Date of Disbursement

Mailing Address P.O. Box 390728

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

City Cambridge State MA Zip Code 02139

Amount of Each Disbursement this Period

Purpose of Disbursement  
online contribution service fee

7.90
------

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Transaction ID: D301000  
Date of Disbursement

Mailing Address P.O. Box 390728

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

City Cambridge State MA Zip Code 02139

Amount of Each Disbursement this Period

Purpose of Disbursement  
online contribution service fee

40.49
-------

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Transaction ID: D301001  
Date of Disbursement

Mailing Address P.O. Box 390728

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	8

City Cambridge State MA Zip Code 02139

Amount of Each Disbursement this Period

Purpose of Disbursement  
online contribution service fee

90.85
-------

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

139.24
--------

**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)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
online contribution service fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D301002  
Date of Disbursement

03 / 23 / 2008

Amount of Each Disbursement this Period

90.85

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

B.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
online contribution service fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D301005  
Date of Disbursement

03 / 30 / 2008

Amount of Each Disbursement this Period

3.95

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

C.

Full Name (Last, First, Middle Initial)  
Bishopp Dworkin LLC

Mailing Address 1743 P Street NW #201

City Washington State DC Zip Code 20036

Purpose of Disbursement  
finance consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D300329  
Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

3000.00

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

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

3094.80

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 19 / 31

<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Bishopp Dworkin LLC Mailing Address 1743 P Street NW #201 City Washington State DC Zip Code 20036 Purpose of Disbursement finance consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300331 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 3000.00 <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) Bishopp Dworkin LLC Mailing Address 1743 P Street NW #201 City Washington State DC Zip Code 20036 Purpose of Disbursement finance consult Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300333 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 3000.00 <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) Cary-Grove Chamber of Commerce Mailing Address 27 East Main Street City Cary State IL Zip Code 60013 Purpose of Disbursement chamber of commerce expo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300345 Date of Disbursement 03 / 21 / 2008 Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6275.00
<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)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Andra L. Crawford

Transaction ID: D300346  
Date of Disbursement

Mailing Address 3310 Packard Road  
Apt. 2B

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

City Ann Arbor State MI Zip Code 48108

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
campaign finance/fundraising consulting fees

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Andra L. Crawford

Transaction ID: D300347  
Date of Disbursement

Mailing Address 3310 Packard Road  
Apt. 2B

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	8

City Ann Arbor State MI Zip Code 48108

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
campaign finance/fundraising consulting fees

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Andra L. Crawford

Transaction ID: D300342  
Date of Disbursement

Mailing Address 3310 Packard Road  
Apt. 2B

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

City Ann Arbor State MI Zip Code 48108

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
campaign finance/fundraising consulting fees

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

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

3750.00
---------

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)  
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Andra L. Crawford	Transaction ID: D300353 Date of Disbursement MM / DD / YYYY 03 / 18 / 2008
	Mailing Address 3310 Packard Road Apt. 2B	Amount of Each Disbursement this Period 67.90
	City Ann Arbor State MI Zip Code 48108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement mileage reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Andra L. Crawford	Transaction ID: D300354 Date of Disbursement MM / DD / YYYY 03 / 18 / 2008
	Mailing Address 3310 Packard Road Apt. 2B	Amount of Each Disbursement this Period 750.00
	City Ann Arbor State MI Zip Code 48108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign finance/fundraising consulting fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Andra L. Crawford	Transaction ID: D300355 Date of Disbursement MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 3310 Packard Road Apt. 2B	Amount of Each Disbursement this Period 750.00
	City Ann Arbor State MI Zip Code 48108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign finance/fundraising consulting fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1567.90
<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)  
Citizens for Robert Abboud

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement campaign finance/fundraising consulting fees</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300334</p> <p>Date of Disbursement MM / DD / YYYY 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement mileage reimbursement</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300337</p> <p>Date of Disbursement MM / DD / YYYY 02 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 71.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement campaign finance/fundraising consulting fees</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300328</p> <p>Date of Disbursement MM / DD / YYYY 01 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3071.78

**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)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Andra L. Crawford

Transaction ID: D301250  
Date of Disbursement

Mailing Address 3310 Packard Road  
Apt. 2B

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

City Ann Arbor State MI Zip Code 48108

Amount of Each Disbursement this Period

115.03
--------

Purpose of Disbursement  
travel, office supplies reimbursement  
Candidate Name

Category/  
Type

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

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

B.

Full Name (Last, First, Middle Initial)  
Fako & Associates

Transaction ID: D300339  
Date of Disbursement

Mailing Address 1440 Maple Ave.  
Suite 10A

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

City Lisle State IL Zip Code 60532

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
campaign consulting  
Candidate Name

Category/  
Type

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

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

C.

Full Name (Last, First, Middle Initial)  
Full House Signs

Transaction ID: D300325  
Date of Disbursement

Mailing Address 6515 W. Pershing Road

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

City Stickney State IL Zip Code 60402

Amount of Each Disbursement this Period

1200.00
---------

Purpose of Disbursement  
campaign signs  
Candidate Name

Category/  
Type

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

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

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

3815.03
---------

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)

PAGE 24 / 31

<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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lydia Marketing</p> <p>Mailing Address 166 West Washington Street Fourth Floor</p> <p>City Chicago State IL Zip Code 60602</p> <p>Purpose of Disbursement advertising expenses</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300351 <b>Date of Disbursement</b> 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 74.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lydia Marketing</p> <p>Mailing Address 166 West Washington Street Fourth Floor</p> <p>City Chicago State IL Zip Code 60602</p> <p>Purpose of Disbursement campaign advertising</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D301011 <b>Date of Disbursement</b> 01 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Vance Printing</p> <p>Mailing Address 2864 Bartells Drive</p> <p>City Beloit State WI Zip Code 53511</p> <p>Purpose of Disbursement printing- campaign literature</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300350 <b>Date of Disbursement</b> 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 547.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

10621.95

**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 25 / 31

<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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 54 Regent Street</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement voter file software</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D284100</p> <p>Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Edward Yoon</p> <p>Mailing Address 146 S. Oxford #1</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement campaign management fees</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D284101</p> <p>Date of Disbursement 01 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Edward Yoon</p> <p>Mailing Address 146 S. Oxford #1</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement travel, mileage reimbursemet</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D284102</p> <p>Date of Disbursement 01 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 201.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**6201.28**

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

**44590.14**

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L595

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-  
S]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred    Date Due  Interest Rate  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**Transaction ID: L596**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-S]  Mailing Address 13 Country Oaks Lane  City Barrington Hills State IL ZIP Code 60010	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>1</td></tr> </table>	M	M	0	1	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>2</td></tr> </table>	D	D	2	2	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	Y	Y	Y	Y	2	0	0	8	.0000 % (apr) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	1																		
D	D																		
2	2																		
Y	Y	Y	Y																
2	0	0	8																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="1200.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L603

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-  
S]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
38000.00	0.00	38000.00

### TERMS

Date Incurred:    Date Due:  Interest Rate:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="38000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="49200.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 29 / 31
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert G. Abboud	Nature of Debt (Purpose): reimbursement for nontravel advances
Mailing Address 13 Country Oaks Lane	
City State ZIP Code Barrington Hills IL 60010	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D301470</b>	
Amount Incurred This Period 3761.14	Payment This Period 0.00	Outstanding Balance at Close of This Period 3761.14

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Voter Activation Network	Nature of Debt (Purpose): voter file software
Mailing Address 54 Regent Street	
City State ZIP Code Cambridge MA 02140	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: D301252</b>	
Amount Incurred This Period 4000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	7761.14
2) <b>TOTALS</b> This Period (last page this line number only).....	7761.14
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	49200.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	56961.14

**Image# 28992305069**

Form/Schedule: **F3A**  
Transaction ID:

Dear Madam or Sir: This amendment is filed in response to the FEC's August 28, 2008 correspondence to the Citizens for Robert Abboud campaign.

Form/Schedule: **SC/10**  
Transaction ID: **L595**

14597235

\*\*\*\*\*

Image# 28992305070

Form/Schedule: **SC/10**  
Transaction ID: **L596**

14597481

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