

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

Check if different than previously reported. (ACC)

Algonquin IL 60102

2. **FEC IDENTIFICATION NUMBER** C00437251

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

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

IL 16

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 11 04 2008 in the State of IL

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Samuel Melei

Signature of Treasurer Electronically Filed by Samuel Melei Date 12 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Robert Abboud

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	74789.58	432489.64
(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)).....	74789.58	432489.64
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	76365.68	493951.01
(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)).....	76365.68	493951.01
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17384.92	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	80.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	124600.36	

For further information contact:

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

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
 - . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).
- This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Citizens for Robert Abboud

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
7175.00	226202.16	0.00																																																
(ii) Unitemized																																																		
2135.00	19259.02	0.00																																																
(iii) Total of contributions from individuals																																																		
9310.00	245461.18	0.00																																																
(b) Political Party Committees																																																		
0.00	500.00	0.00																																																
(c) Other Political Committees																																																		
15000.00	17000.00	0.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
50479.58	169528.46	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
74789.58	432489.64	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
3700.00	68794.87	3700.00
(b). All Other Loans		
14200.00	14200.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
17900.00	82994.87	3700.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
1.18	1.18	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
92690.76	515485.69	3700.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Citizens for Robert Abboud

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
76365.68	493951.01	4677.76
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

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

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

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

21. OTHER DISBURSEMENTS

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

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

76365.68	493951.01	4677.76
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

74789.58	432489.64	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

76365.68	493951.01	4677.76
----------	-----------	---------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	1059.84
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	92690.76
25. SUBTOTAL(add Line 23 and Line 24)	93750.60
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	76365.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	17384.92

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

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

FOR LINE NUMBER: PAGE 7 / 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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

A. Full Name (Last, First, Middle Initial)
Glen M Azuma

Mailing Address 3445 Harrison St

City State Zip Code
Evanston IL 60201-4953

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Coniston Consulting Lawyer

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

Date of Receipt

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

Transaction ID: C17808477

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Elaine Broadhead

Mailing Address P. O. Box 227

City State Zip Code
Middleburg VA 20118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self self

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

Date of Receipt

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

Transaction ID: C17877116

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Andrew T. Dybel

Mailing Address 1647 Davis Avenue

City State Zip Code
Whiting IN 46394

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Veolia Transportation Finance

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

Date of Receipt

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

Transaction ID: C17881022

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 1350.00

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 / 51
(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)
Anton Jiries Fakhouri

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: C17841065

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)
Herbert H. Franks

Mailing Address 19324 East Grant Highway

City State Zip Code
Marengo IL 60152-9438

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

Name of Employer Information Requested Occupation Information Requested
The Law Firm of Franks, Gerkin and McK Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 8

Transaction ID: C17808478

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Daniel Hurley

Mailing Address 2710 N Southport Ave

City State Zip Code
Chicago IL 60614

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

Name of Employer Information Requested Occupation Information Requested
CINN Medical Group Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 8

Transaction ID: C17877114

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 / 51
(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)
Holly Johnson
Mailing Address 3496 Whitaker Road
City Byron State IL Zip Code 61010
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Physical Therapist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 16 / 2008
Transaction ID: C17892474
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
600.00

B. Full Name (Last, First, Middle Initial)
J R Johnson
Mailing Address 1442 Lake Avenue
City Wilmette State IL Zip Code 60091
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation none
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 30 / 2008
Transaction ID: C17877115
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
250.00

C. Full Name (Last, First, Middle Initial)
Carolyn J Niederer
Mailing Address 2847 E. Breckenridge
City Byron State IL Zip Code 61010
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) ▼
Date of Receipt 10 / 23 / 2008
Transaction ID: C17841180
Amount of Each Receipt this Period 750.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
750.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
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 10 / 51
(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)
Talat Othman

Mailing Address 1300 Lake Shore Drive #7D

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation
Grove Financial, Inc. Consulting

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

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)
Patrick Ouimet

Mailing Address 150 N. Michigan Ave., STE 420

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Sarles & Ouimet Attorney

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

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Ronald Sheppard

Mailing Address PO Box 68789

City State Zip Code
Schaumburg IL 60198

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

Name of Employer Occupation
SELF Property Management/Builder

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

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) ► **2000.00**

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 11 / 51	
	(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) Michael Simms		Date of Receipt																					
Mailing Address 4293 Ratcliffe Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	8														
City State Zip Code Belvidere IL 61008		Transaction ID: C17877118																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																					
Name of Employer Chrysler	Occupation Fork Lift Driver	<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 ▼ 275.00																						

SUBTOTAL of Receipts This Page (optional)	25.00
TOTAL This Period (last page this line number only)	7175.00

**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 12 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
I.B.E.W. - C.O.P.E

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3886

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 21 / 2008
Transaction ID: C17821303
 Amount of Each Receipt this Period: 5000.00

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

B.

Full Name (Last, First, Middle Initial)
Laborors' Political League

Mailing Address 905 16th Street

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 25 / 2008
Transaction ID: C17842152
 Amount of Each Receipt this Period: 5000.00

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

C.

Full Name (Last, First, Middle Initial)
United Auto Workers V CAP

Mailing Address 800 East Jefferson Avenue

City Detroit State MI Zip Code 48214-3963

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: C17892808
 Amount of Each Receipt this Period: 5000.00

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

SUBTOTAL of Receipts This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	15000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 51
(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)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C17804489

Amount of Each Receipt this Period
30000.00

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

B. Full Name (Last, First, Middle Initial)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: C17804490

Amount of Each Receipt this Period
20000.00

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

C. Full Name (Last, First, Middle Initial)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

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

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

Transaction ID: C17828216

Amount of Each Receipt this Period
100.00

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

* In-Kind: Travel Expenses
Exxon Mobil Gas

SUBTOTAL of Receipts This Page (optional) ► **50100.00**

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 14 / 51
(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)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 252523.33

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

Transaction ID: C17828218

Amount of Each Receipt this Period
26.50

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

* In-Kind: Travel Expense-
sExxon Mobil Gas

B. Full Name (Last, First, Middle Initial)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 252523.33

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

Transaction ID: C17828221

Amount of Each Receipt this Period
98.03

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

* In-Kind: Travel Expenses
Exxon Mobil Gas

C. Full Name (Last, First, Middle Initial)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 252523.33

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

Transaction ID: C17828224

Amount of Each Receipt this Period
35.31

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

* In-Kind: Travel Expenses
Exxon Mobil Gas

SUBTOTAL of Receipts This Page (optional) ► **159.84**

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: (check only one)	PAGE 15 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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) Robert G. Abboud	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17892397
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 21.60
	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 Occupation RGA Labs, Inc Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 252523.33	* In-Kind: Travel Expenses Exxon Mobil Gas

B.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17892398
	City State Zip Code Barrington Hills IL 60010	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 Occupation RGA Labs, Inc Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 252523.33	* In-Kind: Travel Expenses Exxon Mobil Gas

C.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 8
	Mailing Address 13 Country Oaks Lane	Transaction ID: C17892399
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 44.00
	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 Occupation RGA Labs, Inc Engineer Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 252523.33	* In-Kind: Travel Expenses Road Ranger Gas

SUBTOTAL of Receipts This Page (optional)	165.60
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 16 / 51
(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)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

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

252523.33

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 8

Transaction ID: C17892400

Amount of Each Receipt this Period
 54.14

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

* In-Kind: Travel Expenses
Gas Mart Gas

SUBTOTAL of Receipts This Page (optional)	▶	54.14
TOTAL This Period (last page this line number only)	▶	50479.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 51
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" 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)
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code
Barrington Hills IL 60010

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

Name of Employer Occupation
RGA Labs, Inc Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Date of Receipt

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

Transaction ID: C17892411

Amount of Each Receipt this Period
3700.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3700.00
TOTAL This Period (last page this line number only)	▶	3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 51
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" 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) Robert G. Abboud		Date of Receipt
	Mailing Address 13 Country Oaks Lane		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Barrington Hills	IL	60010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RGA Labs, Inc		Occupation Engineer	Transaction ID: C17853566
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="252523.33"/>	Amount of Each Receipt this Period <input type="text" value="7200.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

B.	Full Name (Last, First, Middle Initial) Robert G. Abboud		Date of Receipt
	Mailing Address 13 Country Oaks Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Barrington Hills	IL	60010
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RGA Labs, Inc		Occupation Engineer	Transaction ID: C17869484
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="252523.33"/>	Amount of Each Receipt this Period <input type="text" value="7000.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="14200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="14200.00"/>

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)
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 donation service fee Candidate Name 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) ▼	Transaction ID: D341333 Date of Disbursement 10 / 19 / 2008 Amount of Each Disbursement this Period 6.92 <input type="checkbox"/> 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 service fees Candidate Name 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) ▼	Transaction ID: D342903 Date of Disbursement 10 / 22 / 2008 Amount of Each Disbursement this Period 9.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	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 service fees Candidate Name 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) ▼	Transaction ID: D343389 Date of Disbursement 10 / 26 / 2008 Amount of Each Disbursement this Period 25.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

42.48

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) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement online service fees Candidate Name 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) ▼	Transaction ID: D344891 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 13.83 <input type="checkbox"/> 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 service fees Candidate Name 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) ▼	Transaction ID: D344892 Date of Disbursement 11 / 02 / 2008 Amount of Each Disbursement this Period 46.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	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 service fees Candidate Name 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) ▼	Transaction ID: D344893 Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 44.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

104.50

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) Marianna Anderson	Transaction ID: D344991 Date of Disbursement MM / DD / YYYY 11 / 01 / 2008
	Mailing Address 6455 Oak Crest Lane	Amount of Each Disbursement this Period 1750.00
	City Loves Park State IL Zip Code 61111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement consulting	Category/Type
	Candidate Name	
	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) Marianna Anderson	Transaction ID: D344887 Date of Disbursement MM / DD / YYYY 11 / 01 / 2008
	Mailing Address 6455 Oak Crest Lane	Amount of Each Disbursement this Period 149.98
	City Loves Park State IL Zip Code 61111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reimburse expenses - food for volunteers	Category/Type
	Candidate Name	
	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) Marianna Anderson	Transaction ID: D341320 Date of Disbursement MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 6455 Oak Crest Lane	Amount of Each Disbursement this Period 3000.00
	City Loves Park State IL Zip Code 61111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement canvassing	Category/Type
	Candidate Name	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	4899.98
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)
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Mike Carroll <hr/> Mailing Address 612 North Chicago Avenue <hr/> City Rockford State IL Zip Code 61107 <hr/> Purpose of Disbursement campaign communications/media relations consulting fees <hr/> Candidate Name Category/ Type <hr/> Office Sought: <input 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: District:	Transaction ID: D341326 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2700.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mike Carroll <hr/> Mailing Address 612 North Chicago Avenue <hr/> City Rockford State IL Zip Code 61107 <hr/> Purpose of Disbursement consulting <hr/> Candidate Name Category/ Type <hr/> Office Sought: <input 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: District:	Transaction ID: D344997 Date of Disbursement 11 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 4700.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) ComEd <hr/> Mailing Address Bill Payment Center <hr/> City Chicago State IL Zip Code 60668 <hr/> Purpose of Disbursement Electric Bill <hr/> Candidate Name Category/ Type <hr/> Office Sought: <input 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: District:	Transaction ID: D350827 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 419.70 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7819.70

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) Ryan Denk	Transaction ID: D344999
	Mailing Address P. O. Box 264 - 212 North State St	Date of Disbursement MM / DD / YYYY 11 / 01 / 2008
	City Poplar Grove State IL Zip Code 61065	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ryan Denk	Transaction ID: D341321
	Mailing Address P. O. Box 264 - 212 North State St	Date of Disbursement MM / DD / YYYY 10 / 16 / 2008
	City Poplar Grove State IL Zip Code 61065	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement campaign field operations consulting fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Eric Howanietz	Transaction ID: D341318
	Mailing Address 210 Elmhurst Road	Date of Disbursement MM / DD / YYYY 10 / 16 / 2008
	City Crystal Lake State IL Zip Code 60051	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement campaign field operations consulting fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	3500.00
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)
Citizens for Robert Abboud

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Eric Howanietz</p> <p>Mailing Address 210 Elmhurst Road</p> <p>City Crystal Lake State IL Zip Code 60051</p> <p>Purpose of Disbursement consulting</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344889</p> <p>Date of Disbursement 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 284.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) P. Denise Israel</p> <p>Mailing Address 17 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement admin services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D341317</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 496.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) P. Denise Israel</p> <p>Mailing Address 17 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement consulting</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D350819</p> <p>Date of Disbursement 11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 752.00</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) ▶

1532.00

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)
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Casey Lee Justice Mailing Address 1101 S State St Apt 2001 City Chicago State IL Zip Code 60605-3211 Purpose of Disbursement consulting Candidate Name 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) ▼	Transaction ID: D350826 Date of Disbursement 11 / 14 / 2008 Amount of Each Disbursement this Period 2528.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Casey Lee Justice Mailing Address 1101 S State St Apt 2001 City Chicago State IL Zip Code 60605-3211 Purpose of Disbursement consulting & fees Candidate Name 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) ▼	Transaction ID: D344888 Date of Disbursement 11 / 03 / 2008 Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Casey Lee Justice Mailing Address 1101 S State St Apt 2001 City Chicago State IL Zip Code 60605-3211 Purpose of Disbursement consulting & fees Candidate Name 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) ▼	Transaction ID: D345410 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 5772.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

12800.58

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) K & K Associates, Inc. <hr/> Mailing Address 313 Hill St <hr/> City Rockford State IL Zip Code 61107 <hr/> Purpose of Disbursement rent <hr/> Candidate Name <hr/> Office Sought: <input 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) ▼ <hr/> State: District:	Transaction ID: D341323 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2700.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) K & K Associates, Inc. <hr/> Mailing Address 313 Hill St <hr/> City Rockford State IL Zip Code 61107 <hr/> Purpose of Disbursement utilities <hr/> Candidate Name <hr/> Office Sought: <input 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) ▼ <hr/> State: District:	Transaction ID: D341324 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 450.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Lydia Marketing Services. Inc. <hr/> Mailing Address 166 West Washington Street Fourth Floor Suite 400 <hr/> City Chicago State IL Zip Code 60602 <hr/> Purpose of Disbursement Advertising - Crystal Lake <hr/> Candidate Name <hr/> Office Sought: <input 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) ▼ <hr/> State: District:	Transaction ID: D341314 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 11731.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	14881.00
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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

<p>A. Full Name (Last, First, Middle Initial) Lydia Marketing Services. Inc.</p> <p>Mailing Address 166 West Washington Street Fourth Floor Suite 400</p> <p>City Chicago State IL Zip Code 60602</p> <p>Purpose of Disbursement Advertising - Rockford interconnections</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D341315</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 13936.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Maverick Media</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Advertising - Radio</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344886</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1504.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Kelly Moura</p> <p>Mailing Address 612 North Chicago Avenue</p> <p>City Rockford State IL Zip Code 61107</p> <p>Purpose of Disbursement campaign management consulting services</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344993</p> <p>Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4125.00</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) ►

19565.70

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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

<p>A. Full Name (Last, First, Middle Initial) Kelly Moura</p> <p>Mailing Address 612 North Chicago Avenue</p> <p>City Rockford State IL Zip Code 61107</p> <p>Purpose of Disbursement campaign management consulting 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D341319</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) NextMedia Operating, Inc.</p> <p>Mailing Address 8800 US Highway 14</p> <p>City Crystal Lake State IL Zip Code 60012-2740</p> <p>Purpose of Disbursement Advertising - Radio runs</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344884</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1444.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) NRG Media</p> <p>Mailing Address 1460 S College Ave</p> <p>City Dixon State IL Zip Code 61021-4006</p> <p>Purpose of Disbursement Advertising - Radio</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D344885</p> <p>Date of Disbursement 10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</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) ▶

6694.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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>A. Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Travel Expenses Exxon Mobil Gas</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342931 Date of Disbursement 10 / 18 / 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>* In-Kind Received</p>
<p>B. Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Travel ExpensesExxon Mobil Gas</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342933 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 26.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p>C. Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Travel Expenses Exxon Mobil Gas</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342936 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 98.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>

SUBTOTAL of Disbursements This Page (optional)	224.53
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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>A. Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Travel Expenses Exxon Mobil Gas</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D342938 Date of Disbursement: 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 35.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p>B. Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Travel Expenses Exxon Mobil Gas</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D350726 Date of Disbursement: 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 21.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>
<p>C. Full Name (Last, First, Middle Initial) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Travel Expenses Exxon Mobil Gas</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D350727 Date of Disbursement: 10 / 22 / 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>* In-Kind Received</p>

SUBTOTAL of Disbursements This Page (optional) ►

156.91

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) Robert G. Abboud	Transaction ID: D350728 Date of Disbursement 10 / 24 / 2008
	Mailing Address 13 Country Oaks Lane	Amount of Each Disbursement this Period 44.00
	City Barrington Hills State IL Zip Code 60010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Road Ranger Gas	
	Candidate Name Robert Abboud	* In-Kind Received
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Robert G. Abboud	Transaction ID: D350730 Date of Disbursement 10 / 26 / 2008
	Mailing Address 13 Country Oaks Lane	Amount of Each Disbursement this Period 54.14
	City Barrington Hills State IL Zip Code 60010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Gas Mart Gas	
	Candidate Name Robert Abboud	* In-Kind Received
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Stephen Westrich	Transaction ID: D344890 Date of Disbursement 11 / 01 / 2008
	Mailing Address 9357 S Sullivan Pl	Amount of Each Disbursement this Period 1386.18
	City Terre Haute State IN Zip Code 47802-8940	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement consulting	
	Candidate Name	* In-Kind Received
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	1484.32
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) Stephen Westrich Mailing Address 9357 S Sullivan Pl City Terre Haute State IN Zip Code 47802-8940 Purpose of Disbursement consulting Candidate Name 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) ▼	Transaction ID: D341329 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period 1301.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Stephen Westrich Mailing Address 9357 S Sullivan Pl City Terre Haute State IN Zip Code 47802-8940 Purpose of Disbursement consulting Candidate Name 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) ▼	Transaction ID: D350821 Date of Disbursement 11 / 14 / 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
C.	Full Name (Last, First, Middle Initial) Stephen Westrich Mailing Address 9357 S Sullivan Pl City Terre Haute State IN Zip Code 47802-8940 Purpose of Disbursement consulting Candidate Name 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) ▼	Transaction ID: D350829 Date of Disbursement 11 / 14 / 2008 Amount of Each Disbursement this Period 68.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1995.38

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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

A.

Full Name (Last, First, Middle Initial)
Winnebago Democratic Party

Mailing Address 316 Mulberry St

City State Zip Code
Rockford IL 61101-1012

Purpose of Disbursement
media plan

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D345000

Date of Disbursement

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

Amount of Each Disbursement this Period

150.00

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

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

75851.08

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"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="10000.00"/>
TOTALS 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

LOANS

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

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L596

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
1200.00	0.00	1200.00

TERMS

Date Incurred: MM 01 DD 22 YYYY 2008
 Date Due: _____ Interest Rate: .0000 % (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: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	▶ 1200.00
TOTALS This Period (last page in this line only)	▶ .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: 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"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="38000.00"/>
TOTALS 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

LOANS

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

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L691

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
583.95	0.00	583.95

TERMS

Date Incurred: MM 05 DD 27 YYYY 2008 Date Due: Interest Rate: .0000 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	583.95
TOTALS This Period (last page in this line only)	▶	.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: L692

LOAN SOURCE 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3510.92	0.00	3510.92

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 2 8 Y Y Y Y 2 0 0 8		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="3510.92"/>
TOTALS 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)

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: L693

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
7000.00	0.00	7000.00

TERMS

Date Incurred: MM/06 DD/18 YY/20 YY/08 Date Due: Interest Rate: .0000 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	7000.00
TOTALS This Period (last page in this line only)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

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

LOANS

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

Transaction ID: L694

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
3100.00	0.00	3100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>06</td><td></td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>27</td><td></td></tr> </table> <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>	M	M	06		D	D	27		Y	Y	Y	Y	2	0	0	8		.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
06																			
D	D																		
27																			
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"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="3100.00"/>
TOTALS 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: L699

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
400.00	0.00	400.00

TERMS

Date Incurred: MM 07 DD 04 YYYY 2008
 Date Due: _____ Interest Rate: .0000 % (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: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	400.00
TOTALS This Period (last page in this line only)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: L700

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
4000.00	0.00	4000.00

TERMS

Date Incurred: MM 07 DD 09 YYYY 2008
 Date Due: _____ Interest Rate: .0000 % (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: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	▶	4000.00
TOTALS This Period (last page in this line only)	▶	.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: L701

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
1000.00	0.00	1000.00

TERMS

Date Incurred: MM/YY 07/2008 Date Due: _____ Interest Rate: .0000 % (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: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	.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: L753

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
7200.00	0.00	7200.00

TERMS

Date Incurred: M M 1 0, D D 2 8, Y Y Y Y 2 0 0 8
 Date Due: no due date
 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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	7200.00
TOTALS This Period (last page in this line only)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: L756

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
7000.00	0.00	7000.00

TERMS

Date Incurred: M M 1 0 D D 3 0 Y Y Y Y 2 0 0 8 Date Due: no due date Interest Rate: none % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	7000.00
TOTALS This Period (last page in this line only)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: L763

LOAN SOURCE Full Name (Last, First, Middle Initial)
Robert G. Abboud

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
3700.00	0.00	3700.00

TERMS

Date Incurred: MM DD YYYY 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"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="3700.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="86694.87"/>

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 47 / 51	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elizabeth Community			Nature of Debt (Purpose): security deposit refund
Mailing Address U. S. HWY. 20, W.			
City Elizabeth	State IL	ZIP Code 61028	

Outstanding Balance Beginning This Period		Transaction ID: C17700844	
80.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	80.00	

1) SUBTOTALS This Period This Page (optional).....	80.00
2) TOTALS This Period (last page this line number only).....	80.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	80.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fox River Grove LP			Nature of Debt (Purpose): rent
Mailing Address 960 Route 22			
City Fox River Grove	State IL	ZIP Code 60021	

Outstanding Balance Beginning This Period <input type="text" value="840.00"/>		Transaction ID: D321603	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="840.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fox River Grove LP			Nature of Debt (Purpose): Rent
Mailing Address 960 Route 22			
City Fox River Grove	State IL	ZIP Code 60021	

Outstanding Balance Beginning This Period <input type="text" value="2520.00"/>		Transaction ID: D338904	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2520.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor K&K Associates, Inc.			Nature of Debt (Purpose): rent
Mailing Address 1019 Franklin Pl			
City Rockford	State IL	ZIP Code 61103-7011	

Outstanding Balance Beginning This Period <input type="text" value="3150.00"/>		Transaction ID: D321602	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3150.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6510.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 / 51
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Citizens for Robert Abboud

A. 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 <input type="text" value="0.00"/>	Transaction ID: D353134	
Amount Incurred This Period <input type="text" value="294.51"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="294.51"/>

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 <input type="text" value="3761.14"/>	Transaction ID: D301470	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3761.14"/>

C. 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 <input type="text" value="18423.03"/>	Transaction ID: D321455	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18423.03"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="22478.68"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 50 / 51
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Citizens for Robert Abboud

A. 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	Transaction ID: D338762	
8916.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	8916.81

1) SUBTOTALS This Period This Page (optional).....	8916.81
2) TOTALS This Period (last page this line number only).....	37905.49
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	86694.87
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	124600.36

Image# 28993728092

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

14597235

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

14597481
