

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

CityPAC

ADDRESS (number and street) PO BOX 1198

Check if different than previously reported. (ACC)

Chicago IL 60690

2. **FEC IDENTIFICATION NUMBER** C00187526

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

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

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

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

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

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 Rebecca Rosenthal

Signature of Treasurer Electronically Filed by Rebecca Rosenthal Date 01 18 2008

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

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
CityPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		117788.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	85819.78									
(c) Total Receipts (from Line 19) .....	2104.17	4956.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87923.95	122744.47								
7. Total Disbursements (from Line 31) .....	20712.22	55532.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	67211.73	67211.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
CityPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	100.00	100.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2004.17	4856.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2104.17	4956.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2104.17	4956.07

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1712.22	14532.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1712.22	14532.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	41000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20712.22	55532.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20712.22	55532.74

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1712.22	14532.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	100.00	100.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1612.22	14432.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 15	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CityPAC

**A.**

Full Name (Last, First, Middle Initial) Smith Barney - Money Funds		Date of Receipt
Mailing Address 10 South Wacker Drive Suite 2800		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City	State	Zip Code
Chicago	IL	60606
FEC ID number of contributing federal political committee.		Transaction ID: SA15.5221
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="100.00"/>
Occupation		Bank fee refund
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2951.90"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="100.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
CityPAC

**A.** Full Name (Last, First, Middle Initial)  
Smith Barney - Money Funds

Mailing Address 10 South Wacker Drive  
Suite 2800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3340.84

Date of Receipt: 07 / 31 / 2007  
Transaction ID: SA17.5223  
Amount of Each Receipt this Period: 388.94  
interest

**B.** Full Name (Last, First, Middle Initial)  
Smith Barney - Money Funds

Mailing Address 10 South Wacker Drive  
Suite 2800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3749.69

Date of Receipt: 08 / 31 / 2007  
Transaction ID: SA17.5224  
Amount of Each Receipt this Period: 408.85  
interest

**C.** Full Name (Last, First, Middle Initial)  
Smith Barney - Money Funds

Mailing Address 10 South Wacker Drive  
Suite 2800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4054.31

Date of Receipt: 09 / 30 / 2007  
Transaction ID: SA17.5225  
Amount of Each Receipt this Period: 304.62  
interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1102.41

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

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

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

FOR LINE NUMBER: PAGE 8 / 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
CityPAC

**A.** Full Name (Last, First, Middle Initial)  
Smith Barney - Money Funds

Mailing Address 10 South Wacker Drive  
Suite 2800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4372.29

Date of Receipt: 10 / 30 / 2007  
**Transaction ID: SA17.5226**  
 Amount of Each Receipt this Period: 317.98  
 interest

**B.** Full Name (Last, First, Middle Initial)  
Smith Barney - Money Funds

Mailing Address 10 South Wacker Drive  
Suite 2800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4677.78

Date of Receipt: 11 / 30 / 2007  
**Transaction ID: SA17.5227**  
 Amount of Each Receipt this Period: 305.49  
 interest

**C.** Full Name (Last, First, Middle Initial)  
Smith Barney - Money Funds

Mailing Address 10 South Wacker Drive  
Suite 2800

City Chicago State IL Zip Code 60606

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4956.07

Date of Receipt: 12 / 31 / 2007  
**Transaction ID: SA17.5228**  
 Amount of Each Receipt this Period: 278.29  
 interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 901.76

**TOTAL** This Period (last page this line number only) ..... ► 2004.17



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CityPAC

A.	Full Name (Last, First, Middle Initial) ATT	<b>Transaction ID:</b> SB21B.5235	
	Mailing Address ATT Payment Center	Date of Disbursement MM / DD / YYYY 07 / 06 / 2007	
	City Saginaw State MI Zip Code 48663	Amount of Each Disbursement this Period 38.96	
	Purpose of Disbursement phone Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ATT	<b>Transaction ID:</b> SB21B.5236	
	Mailing Address ATT Payment Center	Date of Disbursement MM / DD / YYYY 08 / 07 / 2007	
	City Saginaw State MI Zip Code 48663	Amount of Each Disbursement this Period 39.41	
	Purpose of Disbursement phone Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ATT	<b>Transaction ID:</b> SB21B.5237	
	Mailing Address ATT Payment Center	Date of Disbursement MM / DD / YYYY 09 / 06 / 2007	
	City Saginaw State MI Zip Code 48663	Amount of Each Disbursement this Period 38.15	
	Purpose of Disbursement phone Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	116.52
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

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

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NAME OF COMMITTEE (In Full)  
CityPAC

A.	Full Name (Last, First, Middle Initial) ATT	Transaction ID: SB21B.5238 Date of Disbursement 10 / 09 / 2007
	Mailing Address ATT Payment Center	Amount of Each Disbursement this Period 38.17
	City Saginaw State MI Zip Code 48663	
	Purpose of Disbursement phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ATT	Transaction ID: SB21B.5239 Date of Disbursement 11 / 07 / 2007
	Mailing Address ATT Payment Center	Amount of Each Disbursement this Period 38.35
	City Saginaw State MI Zip Code 48663	
	Purpose of Disbursement phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ATT	Transaction ID: SB21B.5240 Date of Disbursement 12 / 07 / 2007
	Mailing Address ATT Payment Center	Amount of Each Disbursement this Period 38.30
	City Saginaw State MI Zip Code 48663	
	Purpose of Disbursement phone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	114.82
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CityPAC

A.	Full Name (Last, First, Middle Initial) Kosher Gourmet Mailing Address 3552 W. Dempster City Skokie State IL Zip Code 60076 Purpose of Disbursement Food for June 2007 event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5257 Date of Disbursement 08 / 26 / 2007 Amount of Each Disbursement this Period 848.88
B.	Full Name (Last, First, Middle Initial) Peggy Shapiro Graphic Designs Mailing Address 4545 Toohey Unit 204 City Lincolnwood State IL Zip Code 60712 Purpose of Disbursement flyer design for June 2007 event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5253 Date of Disbursement 08 / 20 / 2007 Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Progress Printing Group Mailing Address 3324 South Halsted Street City Chicago State IL Zip Code 60608 Purpose of Disbursement printing for June 2007 event flyers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5255 Date of Disbursement 08 / 22 / 2007 Amount of Each Disbursement this Period 260.00

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

1408.88

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

1640.22

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CityPAC

A.

Full Name (Last, First, Middle Initial)  
MELISSA LUBURICH BEAN

Transaction ID: SB23.5264  
Date of Disbursement

Mailing Address 203 FRANCES LANE

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

City BARRINGTON State IL Zip Code 60010

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
contribution - district 08

--

Candidate Name  
MELISSA LUBURICH BEAN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District:

B.

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

Transaction ID: SB23.5262  
Date of Disbursement

Mailing Address P. O. Box 17813

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

City Richmond State VA Zip Code 23226

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
contribution - house district 07

--

Candidate Name  
ERIC CANTOR

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District:

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BOEHNER

Transaction ID: SB23.5247  
Date of Disbursement

Mailing Address 7908-12 Cincinnati Dayton Road

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

City West Chester State OH Zip Code 45069

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution - house district 08

011
-----

Candidate Name  
JOHN A BOEHNER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District:

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

9000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

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

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NAME OF COMMITTEE (In Full)  
CityPAC

A.	Full Name (Last, First, Middle Initial) <b>LOT OF PEOPLE FOR DAVE OBEY</b>	<b>Transaction ID: SB23.5258</b>
	Mailing Address <b>525 WASHINGTON ST PO BOX 1322</b>	Date of Disbursement 08 / 29 / 2007
	City <b>WAUSAU</b> State <b>WI</b> Zip Code <b>54402</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution - house district 07	Category/ Type
	Candidate Name <b>DAVID R OBEY</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>WI</b> District:	

B.	Full Name (Last, First, Middle Initial) <b>MIKE PENCE COMMITTEE</b>	<b>Transaction ID: SB23.5241</b>
	Mailing Address <b>P. O. Box 408</b>	Date of Disbursement 10 / 11 / 2007
	City <b>Anderson</b> State <b>IN</b> Zip Code <b>46015</b>	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution- house district 06	Category/ Type 011
	Candidate Name <b>MIKE PENCE</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>IN</b> District:	

C.	Full Name (Last, First, Middle Initial) <b>PORTER FOR CONGRESS</b>	<b>Transaction ID: SB23.5274</b>
	Mailing Address <b>7840 Red Leaf Drive</b>	Date of Disbursement 12 / 05 / 2007
	City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89131</b>	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement contribution - house district 03	Category/ Type
	Candidate Name <b>JON SR PORTER</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>NV</b> District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CityPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) PRYOR, MARK LUNSFORD</p> <p>Mailing Address 37 CALAIS COURT</p> <p>City LITTLE ROCK State AR Zip Code 72223</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name MARK LUNSFORD PRYOR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5250</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type 011</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement contribution - house district 06</p> <p>Candidate Name PETER ROSKAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5268</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement contribution - house district 06</p> <p>Candidate Name PETER ROSKAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5271</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
CityPAC

<b>A.</b> Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS <hr/> Mailing Address P.O. BOX 5130 <hr/> City EVANSTON State IL Zip Code 60204 <hr/> Purpose of Disbursement contribution - house district 07 Candidate Name JANICE D SCHAKOWSKY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5266 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y											
1	0		2	6		2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) SWETT FOR SENATE <hr/> Mailing Address PO BOX 1937 <hr/> City BOW State NH Zip Code 03304 <hr/> Purpose of Disbursement contribution Candidate Name KATRINA SWETT <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5279 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y											
0	8		2	9		2	0	0	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19000.00