

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

LAHOOD FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 10735

Check if different than previously reported. (ACC)

PEORIA

IL

61612

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00575050

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

IL

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

NOBLE, KENT, A, ,

Type or Print Name of Treasurer

Signature of Treasurer

NOBLE, KENT, A, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**LAHOOD FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	95858.00	2432758.05
(b) Total Contribution Refunds (from Line 20(d)) .....	2000.00	15075.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	93858.00	2417683.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	210061.13	876389.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	19.07	2724.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	210042.06	873665.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1649909.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- 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

LAHOOD FOR CONGRESS

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2018"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2018"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2018"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="46980.00"/>	<input type="text" value="842025.19"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="9028.00"/>	<input type="text" value="129625.00"/>	<input type="text" value="275.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="56008.00"/>	<input type="text" value="971650.19"/>	<input type="text" value="275.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="3525.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="39850.00"/>	<input type="text" value="1457582.86"/>	<input type="text" value="1500.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 94

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		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
95858.00	2432758.05	1775.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
9311.45	58073.94	9311.45
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
19.07	2724.22	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
12.50	4685.92	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
105201.02	2498242.13	11086.45

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

LAHOOD FOR CONGRESS

Report Covering the Period: From:  /  /  To:  /  /

**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 * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="210061.13"/>	<input type="text" value="876389.90"/>	<input type="text" value="79463.31"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="7825.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="400.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 94

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)
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(c) Other Political Committees (such as PACs)

2000.00	6850.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

2000.00	15075.00	0.00
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**21. OTHER DISBURSEMENTS**

80000.00	303285.00	0.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

292061.13	1194749.90	79463.31
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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))

93858.00	2417683.05	1775.00
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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)

210042.06	873665.68	79463.31
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1836769.80
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	105201.02
25. SUBTOTAL (add Line 23 and Line 24).....	1941970.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	292061.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1649909.69

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

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

FOR LINE NUMBER: PAGE 7 OF 94  
(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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MANGOLD, CHARLES, MICHAEL, ,**  
Mailing Address 510 RIDGE LN

City EUREKA	State IL	Zip Code 61530-1542
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FEC ID number of contributing federal political committee. **C**

Name of Employer MANGOLD FORD	Occupation AUTO DEALER
----------------------------------	---------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : A13D76BE1DF7445A39C4**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FRIER, THOMAS, M., ,**  
Mailing Address 2814 MAINE ST.

City QUINCY	State IL	Zip Code 62301-4413
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 30 / 2018

**Transaction ID : A4948929EA911445BBAB**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HIGH, LANCE, , ,**  
Mailing Address 4904 N DEERMEADOW DR

City PEORIA	State IL	Zip Code 61615-8914
----------------	-------------	------------------------

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

Name of Employer CATERPILLAR, INC	Occupation ATTORNEY
--------------------------------------	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 19 / 2018

**Transaction ID : A360AE013D3834EEC8AA**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MC GEE, JOAN, P, ,**

Mailing Address 815 W BENNETT CT

City DUNLAP State IL Zip Code 61525-9356

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : **AB098F69D08F5462EA19**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MARCHESE, CHERYL, , ,**

Mailing Address 4 LAKESIDE LN

City NORTH BARRINGTON State IL Zip Code 60010-6954

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

Name of Employer N-JET Occupation CHARTER MANAGER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2018

Transaction ID : **A7182A17D9D944D5A903**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MURPHY, MATTHEW, , ,**

Mailing Address 952 ARROWHEAD PL

City PALATINE State IL Zip Code 60074-3702

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2018

Transaction ID : **A0642D62533F846E783D**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**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 OF 94  
(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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TRIEBWASSER, LYLE, , ,**  
 Mailing Address 1508 ESTATE DR.  
 City NORMAL State IL Zip Code 61761-5721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2018  
**Transaction ID : AF5F5F3AC5C764A63A46**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BERG, JERRY, R., ,**  
 Mailing Address 118 S QUINCY ST  
 City HINSDALE State IL Zip Code 60521-3013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RBC CAPITAL MARKETS Occupation BANKER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2018  
**Transaction ID : A3100B305D4BA46479F1**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RUESTMAN, TIM, , ,**  
 Mailing Address 11 WOLF CREEK CT  
 City EL PASO State IL Zip Code 61738-4503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RUESTMAN-HARRIS FUNERAL HOME Occupation FUNERAL DIRECTOR  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **670.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2018  
**Transaction ID : A54DBD5CF455F4BAFB04**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2970.00**  
**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 OF 94  
(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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BAILY, CAROL, J., ,**  
 Mailing Address 1141 HAWTHORN RDG  
 City State Zip Code  
 MACOMB IL 61455-3523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2018  
**Transaction ID : AC55ED89C17E945E7892**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FUNK, RONALD, J., ,**  
 Mailing Address 2530 W HIDDEN LAKE CT  
 City State Zip Code  
 PEORIA IL 61614-3200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 01 2018  
**Transaction ID : A1996F37F0615449C885**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JOHNSON, FREDERICK, , ,**  
 Mailing Address 7800 N SOMMER ST  
 STE 425  
 City State Zip Code  
 PEORIA IL 61615-1994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JONCON SERVICE AND NOYCE PC ATTORNEY  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 01 2018  
**Transaction ID : A267CEB34D78040B799E**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**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: (check only one)		PAGE 11 OF 94	
<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	

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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CEKANDER, DOUGLAS, G, ,**

Mailing Address 2204 W AUGUSTA DR

City DUNLAP	State IL	Zip Code 61525-8703
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FEC ID number of contributing federal political committee.

Name of Employer BUFFALO WILD WINGS	Occupation FRANCHISE OWNER
--	-------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : **AE73B3A6BE164492881A**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**WANN, PAUL, , ,**

Mailing Address 5613 W. LEGION HALL RD.

City DUNLAP	State IL	Zip Code 61525-9753
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FEC ID number of contributing federal political committee.

Name of Employer CENTIVO & WANN IMPORT	Occupation HEALTHCARE/TEQUILA IMPORTER
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Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : **AAAE63CE8F9047FE8B5**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**STAHL, JORDAN, , ,**

Mailing Address 20700 W PEORIA GALESBURG TRL

City BRIMFIELD	State IL	Zip Code 61517-9798
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FEC ID number of contributing federal political committee.

Name of Employer SELF	Occupation FARMER
--------------------------	----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : **A6F323D15A0B043B187D**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 12 OF 94  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SMITH, JEANNETTE, , ,**  
 Mailing Address 301 S BALTIMORE AVE  
 City MORTON State IL Zip Code 61550-2483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2018  
**Transaction ID : A74D005129DBE4D07883**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MILLIMAN, MARK, W, ,**  
 Mailing Address 455 HUNTER LN  
 City LAKE FOREST State IL Zip Code 60045-2779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MARK W. MILLIMAN, INC. Occupation EXECUTIVE  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2018  
**Transaction ID : A1EE1D2D53B2E4122B93**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THOMPSON, VERLA, , , DDS**  
 Mailing Address 301 NE 3RD AVE  
 City ALEDO State IL Zip Code 61231-1347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2018  
**Transaction ID : AE67CEAA51EC44FD7BC2**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DALTON, MICHAEL, , ,**

Mailing Address 1 ALOHA LN

City PEORIA State IL Zip Code 61615-1871

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

Name of Employer MAUI JIM Occupation PRESIDENT & CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2018

Transaction ID : **AD9124EABDB0D4397B16**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KRUG, JOHN, , ,**

Mailing Address 1550 COUNTY ROAD 3000 E

City EL PASO State IL Zip Code 61738-9249

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018

Transaction ID : **A9D0DF111036847F69C4**

Amount of Each Receipt this Period  
 70.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**GOLD, MARK, , ,**

Mailing Address 2020 N LINCOLN PARK W  
APT 38

City CHICAGO State IL Zip Code 60614-4780

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

Name of Employer TOP THIRD AG MARKETING Occupation COMMODITY RISK MANAGER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2018

Transaction ID : **AEB8C033E2A7542EEAF9**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

4270.00

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

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

FOR LINE NUMBER: PAGE 14 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KEISER, DENNIS, , ,**  
 Mailing Address 9688 WILDWOOD LN  
 City CHATHAM State IL Zip Code 62629-8400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : A5BFFFC70A35F4640AF5**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HAUTER, WILLIAM, , ,**  
 Mailing Address 16023 RASSI RD  
 City MACKINAW State IL Zip Code 61755-9062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASSOCIATED ANESTHESIOLOGISTS, SC Occupation PHYSICIAN  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **1650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2018  
**Transaction ID : A91986FEA779242719DD**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**OLIVER, DANIEL, , ,**  
 Mailing Address 2745 PARKWOOD DR  
 City QUINCY State IL Zip Code 62305-7686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KLINGER AND ASSOCIATES P.C. Occupation ENGINEER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2018  
**Transaction ID : A97D4B21030214499BE0**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**  
**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 15 OF 94  
(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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KHAZZAM, ELIZABETH, , ,**

Mailing Address 4831 N GRANDVIEW DR

City PEORIA HEIGHTS State IL Zip Code 61616-5420

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

Name of Employer JUNCTION VENTURES Occupation REAL ESTATE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018

Transaction ID : **A90037BA3BBBD341909FD**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THOMSON, VERNON, COX, , JR.**

Mailing Address PO BOX 80

City VERMONT State IL Zip Code 61484-0080

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2018

Transaction ID : **ABE96CA42771E466EB91**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RASHID, THOMAS, , ,**

Mailing Address 4537 N MILLER AVE

City PEORIA State IL Zip Code 61616-6550

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

Name of Employer OSF UROLOGY Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018

Transaction ID : **A7CC313ACCE4E4DAA97A**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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

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(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BEGOLE, RANDY, , ,**

Mailing Address 103 W FORREST HILL AVE

City PEORIA	State IL	Zip Code 61604-1640
----------------	-------------	------------------------

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

Name of Employer RANDY BEGOLE STATE FARM	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

**Transaction ID : AF74D2B755E62411491E**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BOOSE, CAROL, , ,**

Mailing Address 4N657 HIDDEN OAKS RD

City SAINT CHARLES	State IL	Zip Code 60175-8512
-----------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

**Transaction ID : ABA9FA3C892A643849A4**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BURKLUND, JONATHAN, D, ,**

Mailing Address 2500 N MAIN ST  
STE 3

City EAST PEORIA	State IL	Zip Code 61611-1788
---------------------	-------------	------------------------

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

Name of Employer BURKLUND DISTRIBUTORS	Occupation OWNER
---	---------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

**Transaction ID : AA881F2A9E3AF4267802**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s)  
for each category of the  
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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DEAL, JOHN, W, , JR.**

Mailing Address 2424 W. BARKER

City WEST PEORIA State IL Zip Code 61604-5016

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 30 2018

Transaction ID : AFCDE6529C0B84AD6856

Amount of Each Receipt this Period  
 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PRIESTER, HENRY, , ,**

Mailing Address 3772 SHERMAN RD

City SHERMAN State IL Zip Code 62684-8050

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

Name of Employer ILLINOIS DEPT OF TRANSPORTATION Occupation AIRPORT DESIGN ENGINEER & PILOT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 25 2018

Transaction ID : A49822CEED87746DB996

Amount of Each Receipt this Period  
 300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**GERONTES, GREGORY, P, ,**

Mailing Address 9304 PHILANDER CHASE LN

City BRIMFIELD State IL Zip Code 61517-9480

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

Name of Employer HECHT STOUT INSURANCE Occupation OWNER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 18 2018

Transaction ID : ACC48905F38EA4F128D9

Amount of Each Receipt this Period  
 1100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 18 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BIXBY, JAMES, , ,**  
 Mailing Address 815 W RAVINWOODS RD  
 City PEORIA State IL Zip Code 61615-1331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PEORIA REGIONAL OFFICE OF EDUCATION Occupation EDUCATIONAL ADMINISTRATOR  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : AA624E26EAB94457286E**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JACKSON, ALEXANDER, K., ,**  
 Mailing Address 507 ELIZABETH FLD  
 City GERMANTOWN HILLS State IL Zip Code 61548-9476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : A8D217AB8A3DA4071957**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CHEVALIER, KRISTIE, , ,**  
 Mailing Address 3315 CABOT RD  
 City QUINCY State IL Zip Code 62301-6286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INTERNATIONAL EYECARE CENTER Occupation OPTOMETRIST  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2018  
**Transaction ID : A26FF7D24D69842188A4**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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

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 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEFFEN, KATHLEEN, , ,**

Mailing Address 519 WOODLAND DR.

City CONGERVILLE	State IL	Zip Code 61729-9591
---------------------	-------------	------------------------

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

Name of Employer STATE FARM INSURANCE	Occupation EXECUTIVE BENEFITS ANALYST
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018

Transaction ID : **AE95BBE543AF04569BCA**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CHRIST, WILLIAM, A, ,**

Mailing Address PO BOX 917

City METAMORA	State IL	Zip Code 61548-0917
------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018

Transaction ID : **A1DF05FD18BF647D6A5E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HSUEH, LEE, S., ,**

Mailing Address 3016 E. LAKE SHORE DR.

City SPRINGFIELD	State IL	Zip Code 62712-8612
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018

Transaction ID : **AE825861B1E96463EB50**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 900.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 20 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SCHAFFER, JAMIE, F, ,**  
 Mailing Address 13155 TOWNSHIP ROAD 300 N  
 City PRINCEVILLE State IL Zip Code 61559-9742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation FARMER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2018  
**Transaction ID : A8BDAA1A502EE42EDAA8**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ERICKSON, MARY ALICE, , MS.,**  
 Mailing Address 6901 N GALENA RD.  
 APT. 217  
 City PEORIA State IL Zip Code 61614-3161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : A0D552952EBE64C9EA60**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SLOVER, JOHN, A., MR., JR.**  
 Mailing Address PO BOX 719  
 City MOLINE State IL Zip Code 61266-0719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CALIFF AND HARPER PC Occupation ATTORNEY  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : AAAB7F4F97D3A46BC9A2**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00  
**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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DILLON, TIMOTHY, D, ,**  
Mailing Address 7418 N WINDSOR LN

City PEORIA State IL Zip Code 61614-2154

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

Name of Employer J.C. DILLON, INC Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018

Transaction ID : **A3E87149A108E4FBBA5E**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LANDWIRTH, MICHAEL, A, ,**  
Mailing Address 7625 N UNIVERSITY ST  
STE C

City PEORIA State IL Zip Code 61614-1213

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

Name of Employer WALDLAND CORP. Occupation REAL ESTATE DEVELOPER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2018

Transaction ID : **A9FB795D8FB4F48E49BC**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**STARNES, FLOYD, , ,**  
Mailing Address 5431 N GALENA RD

City PEORIA HEIGHTS State IL Zip Code 61616-5467

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2018

Transaction ID : **A0E0E43BD57534661840**

Amount of Each Receipt this Period  
 200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VIRDI, PREM, , ,**

Mailing Address 16 VELIE DR

City MOLINE State IL Zip Code 61265-6120

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2018

Transaction ID : **A371B550FC8FD428E833**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SCHIELEIN, ROSENE, , ,**

Mailing Address 914 W EVERGREEN DR

City CHILLICOTHE State IL Zip Code 61523-2049

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2018

Transaction ID : **A6DD46307372946A1993**

Amount of Each Receipt this Period  
 200.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCHWARTZ, TIMMOTHY, J., ,**

Mailing Address 1411 N 10TH ST

City PEKIN State IL Zip Code 61554-2110

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2018

Transaction ID : **A830A64EF9DA04475808**

Amount of Each Receipt this Period  
 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 23 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RATH, EUNICE, MARY, ,**  
Mailing Address 1720 EAST LAWN DR

City SAVANNA State IL Zip Code 61074-1810

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2018

Transaction ID : **AD94321F947534AD983E**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RICHARDSON, SAMUEL, , ,**  
Mailing Address 6610 N RUSTIC OAK CT

City PEORIA State IL Zip Code 61614-2344

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 22 2018

Transaction ID : **AF286E222721C483EB8E**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**TURNER, MARTIN, , ,**  
Mailing Address 9612 CHANDLERVILLE RD

City BEARDSTOWN State IL Zip Code 62618-7608

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 27 2018

Transaction ID : **A5BE155C4E5404F39816**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**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 24 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MAYO, CYNTHIA, A., ,**  
Mailing Address 610 MUREX DR  
City NAPLES State FL Zip Code 34102-5144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2018  
Transaction ID : **A7BBD81AE519E4D4CA1C**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DANIELS, ANDREW, , ,**  
Mailing Address 812 S GARFIELD ST  
City HINSDALE State IL Zip Code 60521-4525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DANIELS AG ADVISORS Occupation CEO  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018  
Transaction ID : **AF08DB765345A4309A35**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**STILES, SALLY, A., ,**  
Mailing Address 1746 SYCAMORE  
City WASHINGTON State IL Zip Code 61571-9799  
FEC ID number of contributing federal political committee. **C**  
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018  
Transaction ID : **AB92A442C62284D68A0E**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

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

3000.00



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

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

FOR LINE NUMBER: PAGE 25 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WEBER, REBECCA, , MRS.,**  
Mailing Address 602 MALONE CT

City METAMORA State IL Zip Code 61548-9121

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

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018

Transaction ID : **A0A27B63AAEE4436CB1C**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LAWLESS, TIMOTHY, J., ,**  
Mailing Address 3124 N BILTMORE AVE

City PEORIA State IL Zip Code 61604-1407

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

Name of Employer UNITY POINT HEALTH Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2018

Transaction ID : **A74A72087899849929DE**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RASHID, JOHN, F, ,**  
Mailing Address 3205 W SUMMERBEND CT

City PEORIA State IL Zip Code 61615-8893

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

Name of Employer OSF Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2018

Transaction ID : **AD1841C2EB8EA40A4901**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 26 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BUNN, ARTHUR, H., ,**

Mailing Address PO BOX 3227

City SPRINGFIELD State IL Zip Code 62708-3227

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

Name of Employer BUNN-O-MATIC CORPORATION Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 19 2018

Transaction ID : **A656E4A79625740A5B38**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HOLSTINE, WALTER, , ,**

Mailing Address 405 SE 13TH AVE  
APT 248

City ALEDO State IL Zip Code 61231-2024

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2018

Transaction ID : **ACD6E26938CD94764B6F**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MOON, MARGARET, , ,**

Mailing Address 5617 N BILTMORE AVE

City PEORIA State IL Zip Code 61614-4225

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 30 2018

Transaction ID : **AE36525552F644F8E8D6**

Amount of Each Receipt this Period  
250.00

Memo Item

**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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THILLENS, MEL, P., ,**  
Mailing Address 901 PRAIRIE AVE

City PARK RIDGE	State IL	Zip Code 60068-3937
--------------------	-------------	------------------------

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

Name of Employer THILLENS CAGISTICS	Occupation VICE PRESIDENT
--	------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2018

**Transaction ID : A927CCE1530B24658920**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BUTCHER, ANN, , ,**  
Mailing Address 7855 E 1300TH ST

City MACOMB	State IL	Zip Code 61455-8573
----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2018

**Transaction ID : A16A0AD928BB942B58C9**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KEMPINERS, WILLIAM, , ,**  
Mailing Address 404 MISSIONARY RIDGE DR

City SPRINGFIELD	State IL	Zip Code 62711-8285
---------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2018

**Transaction ID : AB7522ECC49B24CCB895**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

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

\_\_\_\_\_ 900.00

\_\_\_\_\_

**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 28 OF 94	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GRAY, KENT, , ,**

Mailing Address 2116 ILLINOIS RD

City SPRINGFIELD	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2018

**Transaction ID : A48258DDEC1384415862**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SCHERTZ, DENNIS, E, ,**

Mailing Address 177 W GUTH RD

City WASHINGTON	State IL	Zip Code 61571-9531
--------------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2018

**Transaction ID : ABDF8A479F5941E1957**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PETERSON, H. JEFF, , ,**

Mailing Address 2828 BLACK OAK DR

City PEKIN	State IL	Zip Code 61554-7412
---------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2018

**Transaction ID : A0F65FEFF683046A09A7**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

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

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(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILSON, CHARLES, S., ,**

Mailing Address 1375 WILLOW BRANCH RD

City JACKSONVILLE State IL Zip Code 62650-6411

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2018

Transaction ID : **A4CB93C4082C847329C0**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NEISLER, LORETTA, A., ,**

Mailing Address 16838 E 2850 NORTH ROAD

City EL PASO State IL Zip Code 61738

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : **A8399F2959D9C4538932**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CLAAR, ROGER, , ,**

Mailing Address 115 CONCORD LN

City BOLINGBROOK State IL Zip Code 60440-1417

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

Name of Employer CITY OF BOLINGBROOK Occupation MAYOR

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

Transaction ID : **A44BE721C04EE4D9BB25**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00

**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 30 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HOLLING, HENRY, , ,**

Mailing Address 701 E HIGH POINT TER

City PEORIA State IL Zip Code 61614-3136

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : **AB6F50033E704420D974**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MINESINGER, NANCY, , ,**

Mailing Address 347 MAGNOLIA AVE

City MORTON State IL Zip Code 61550-1054

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

Name of Employer ALWAN PHARMACIES Occupation OWNER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

Transaction ID : **A0C897181B90243148CA**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NUSKE, BETTY, , ,**

Mailing Address 245 S 10TH ST, APT C

City HENNEPIN State IL Zip Code 61327-9559

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2018

Transaction ID : **A3B651939BCE94258A11**

Amount of Each Receipt this Period  
150.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

**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 31 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KENNEL, PATRICIA, , ,**

Mailing Address 900 W GRAND OAK DR

City PEORIA State IL Zip Code 61615-1150

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018

Transaction ID : **A5F8B3A6B97364E2AB35**

Amount of Each Receipt this Period  
 300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BARONA BAND OF MISSION INDIANS**

Mailing Address 1095 BARONA RD

City LAKESIDE State CA Zip Code 92040-1516

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

Name of Employer NONE Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **3700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2018

Transaction ID : **A82986C56F23B4FE591A**

Amount of Each Receipt this Period  
 1700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FLAHERTY, MARY, LYNN, MRS.,**

Mailing Address 7510 N EDGEWILD DR

City PEORIA State IL Zip Code 61614-2164

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2018

Transaction ID : **A588AC7B6EB934EC6A80**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2250.00**

**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 32 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GLASGOW, STEVEN, R, ,**  
 Mailing Address 1861 CORNELIA RD  
 City GALESBURG State IL Zip Code 61401-1423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CLARK & AMP; GLASGOW Occupation ATTORNEY  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2018  
**Transaction ID : AA538DED12B204B20B18**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**RAUSCHERT, MARK, , ,**  
 Mailing Address PO BOX 95  
 City BUSHNELL State IL Zip Code 61422-0095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MIDWEST CONTROL PRODUCTS CORP Occupation MANUFACTURING  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2018  
**Transaction ID : AEBE1174D779E4583A0D**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MERHEB, NIZAR, , DR.,**  
 Mailing Address 11432 N STONE CREEK DR  
 City DUNLAP State IL Zip Code 61525-9370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERHEB SURGICAL ARTS Occupation PHYSICIAN  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2018  
**Transaction ID : A67C6F471F9C24324A14**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 33 OF 94  
(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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HONEGGER, ANDREW, , ,**  
 Mailing Address 29 DIAMOND PT.  
 City MORTON State IL Zip Code 61550-1186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MORTON COMMUNITY BANK Occupation ATTORNEY  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 19 2018  
**Transaction ID : AC7B5973836324018882**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SHIELDS, JEFFREY, M, ,**  
 Mailing Address 7228 N BENJAMIN CT  
 City PEORIA State IL Zip Code 61614-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 25 2018  
**Transaction ID : AE09A83F2241E4CD8B5F**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CLEVIDENCE, DARRELL, , ,**  
 Mailing Address 1780 BLUEBIRD DR  
 City GALESBURG State IL Zip Code 61401-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 27 2018  
**Transaction ID : A7F71BB8A6BD04132828**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 34 OF 94  
(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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALBRECHT, MARJORIE, E., ,**  
 Mailing Address 15167 2300 EAST ST  
 City PRINCETON State IL Zip Code 61356-8948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2018  
**Transaction ID : ACC04CD851DB940AEA5B**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**COREY, PAMELA, , ,**  
 Mailing Address 2601 MONTVALE DR  
 APT 401  
 City SPRINGFIELD State IL Zip Code 62704-4273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2018  
**Transaction ID : AF4C789B95A8844B29D1**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DONALDSON, OLIVER, F., ,**  
 Mailing Address 12223 N. WAKE ROBIN WAY  
 City DUNLAP State IL Zip Code 61525-9409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2018  
**Transaction ID : A74F8D69146224939935**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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  
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FOR LINE NUMBER: PAGE 35 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAILEY, JOHN, C., ,**

Mailing Address 1570 CONCORD RD.

City JACKSONVILLE State IL Zip Code 62650-6008

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

Name of Employer DAILEY ENTERPRISES LLC Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 25 2018

Transaction ID : **A9DB70554EF444A7B80E**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CALLAWAY, CHARLES, W., ,**

Mailing Address 4917 N GRANDVIEW DR

City PEORIA HEIGHTS State IL Zip Code 61616-5374

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 06 2018

Transaction ID : **A4694D457D0A84C5A8A5**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LAGOCKI, JAMES, W., ,**

Mailing Address 7614 N EDGEWILD DR

City PEORIA State IL Zip Code 61614-2118

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 26 2018

Transaction ID : **AA9514D512C5F4AB881A**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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  
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FOR LINE NUMBER: PAGE 36 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DOTSON, DOUGLAS, R., ,**  
 Mailing Address 120 WHISTLING STRAIT  
 City WASHINGTON State IL Zip Code 61571-4022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2018  
**Transaction ID : AE363EF2C69BC4259A42**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MANGOLD, CHARLES, MICHAEL, ,**  
 Mailing Address 510 RIDGE LN  
 City EUREKA State IL Zip Code 61530-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MANGOLD FORD Occupation AUTO DEALER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **3250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2018  
**Transaction ID : A563BE5CFFA684FB5B7E**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PARISH, VIRGINIA, , ,**  
 Mailing Address 819 HARMONY LN  
 City LACON State IL Zip Code 61540-1719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2018  
**Transaction ID : A66C4BD751C84415F9FA**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

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

400.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 37 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FITES, DON, , ,**

Mailing Address 9943 BRASSIE BND

City NAPLES State FL Zip Code 34108-1923

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

Transaction ID : **A4E80210C68784D14B6C**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GUIDRY, CHRISTOPHER, , ,**

Mailing Address PO BOX 2508

City GRETNA State LA Zip Code 70054-2508

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

Name of Employer GUIDRY ASSOCIATES Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2018

Transaction ID : **A910C1EB248894ACA80C**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ZOLDAN, JACK, , ,**

Mailing Address 3035 GREENLEAF AVE

City WILMETTE State IL Zip Code 60091-2154

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : **A801CAA6E95B44439A5F**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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  
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(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DONIS, PETER, P, ,**

Mailing Address 7610 N EDGEWILD DR

City PEORIA	State IL	Zip Code 61614-2118
----------------	-------------	------------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2018

**Transaction ID : A6468E3126AE24925AC5**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NAGEL, CHARLES, I, ,**

Mailing Address 314 PINECREST DR

City GERMANTOWN HILLS	State IL	Zip Code 61548-9128
--------------------------	-------------	------------------------

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

Name of Employer SPRING LAKE CCSD	Occupation DISTRICT SUPERINTENDENT
--------------------------------------	---------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
235.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2018

**Transaction ID : A6C34D21EE30043FB879**

Amount of Each Receipt this Period  
70.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**KUHN, ROBERT, W, ,**

Mailing Address 598 LEON DR

City TOWER LAKES	State IL	Zip Code 60010-1229
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

**Transaction ID : A9DF615DF7014C4CA78**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 39 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MCCALLISTER, SALLY, , ,**  
 Mailing Address 5903 HIGH MEADOW RD  
 City ALEXANDRIA State VA Zip Code 22310-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EXELON Occupation GOVERNMENT AFFAIRS MANAGER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : AC54FD52A8A4E400CA98**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GODDARD, RANDALL, , ,**  
 Mailing Address 19767 N 1800TH AVE  
 City ATKINSON State IL Zip Code 61235-9663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2018  
**Transaction ID : A903C00C743A04A3F976**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**LEMING, CHRISTOPHER, A, ,**  
 Mailing Address 2728 KIPLING DR  
 City SPRINGFIELD State IL Zip Code 62711-6234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TROXELL INSURANCE Occupation INSURANCE  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : AFBBCFA31BABB463293B**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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  
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FOR LINE NUMBER: (check only one)		PAGE 40 OF 94	
<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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SCHULER, KATHLEEN, A, ,**

Mailing Address 4017 W TANGLEOAKS CT

City PEORIA	State IL	Zip Code 61615-8909
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer ORTHODONTICS LTD	Occupation OFFICE ASSISTANT
--------------------------------------	--------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : **AF583CB0322A64F2497E**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**STELLA, GARY, F, ,**

Mailing Address 1020 E PARIS AVE

City PEORIA HEIGHTS	State IL	Zip Code 61616-1436
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : **AF5C5A8B164144EAE8FD**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT, DAVID, J., ,**

Mailing Address 102 AVALON DR

City WASHINGTON	State IL	Zip Code 61571-2902
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : **A5BD52900D45541E59D2**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 41 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SODERSTROM, CARL, , ,**  
 Mailing Address 1 SOUTHSTREAM DR  
 City MORTON State IL Zip Code 61550-1170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SODERSTROM SKIN INSTITUTE Occupation OWNER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : A2A95AF39BB4841AB8A4**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ABINADER, JEAN, , ,**  
 Mailing Address 5603 CHESTERBROOK RD  
 City BETHESDA State MD Zip Code 20816-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAMS Occupation SENIOR ADVISOR  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018  
**Transaction ID : A1BA750D64CC04CECB6C**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**RAMP, JAMES, , ,**  
 Mailing Address 1215 KNOX ROAD 1340 E  
 City GILSON State IL Zip Code 61436-9457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2018  
**Transaction ID : A3BE8062DC4D24F73917**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1095.00  
**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

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(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HANSEN, ERIC, J., ,**

Mailing Address 504 N WEST ST

City TREMONT State IL Zip Code 61568-8507

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2018

Transaction ID : **A185D37A48A184409BF5**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46980.00

**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 43 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EYE OF THE TIGER PAC**

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 18 / 2018

**Transaction ID : ABD8D7F61B0AB464CA8A**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
JACKSON HOLDINGS LLC AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND (JACKSON N

Mailing Address 1 CORPORATE WAY

City LANSING	State MI	Zip Code 48951
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00254953

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 23 / 2018

**Transaction ID : A11487C872B7D4295A72**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address 1201 15TH STREET, NW

City WASHINGTON	State DC	Zip Code 20005-2899
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 27 / 2018

**Transaction ID : AE2F04C13C0BC4DC4A42**

Amount of Each Receipt this Period  
3500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A. RENEWABLE FUELS ASSOCIATION PAC (RENEWABLE FUELS PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 THIRD STREET SW  
 SUITE 1150  
 City WASHINGTON State DC Zip Code 20024  
 FEC ID number of contributing federal political committee. **C** C00518910  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2018  
**Transaction ID : A96B79618940A45C7B70**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**B. NIKE INC FEDERAL POLITICAL ACTION COMMITTEE (NIKE FEDERAL PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE BOWERMAN DRIVE  
 City BEAVERTON State OR Zip Code 97005  
 FEC ID number of contributing federal political committee. **C** C00142786  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2018  
**Transaction ID : A96150ED38D6A42BC8F2**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. BILL YODER CAMPAIGN COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 E GROVE ST  
 City BLOOMINGTON State IL Zip Code 61701-5232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2018  
**Transaction ID : A466AB1C7EB75495598D**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 VERIFICATION OF PERMISSIBLE FUNDS REQUESTED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF CHUCK WEAVER**

Mailing Address 6000 W WAR MEMORIAL DR

City PEORIA	State IL	Zip Code 61615-9256
----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 23 / 2018

Transaction ID : **AF809899D045847358D8**

Amount of Each Receipt this Period  
1000.00

Memo Item  
VERIFICATION OF PERMISSIBLE FUNDS REQUESTED

**B.** Full Name (Last, First, Middle Initial)  
**CGB ENTERPRISES INC PAC (CGB PAC)**

Mailing Address 1127 HIGHWAY 190 EAST SERVICE ROAD

City COVINGTON	State LA	Zip Code 70433
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00563841

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : **AFC929B1A32204C55929**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 4519 N THORNHILL

City PEORIA	State IL	Zip Code 61615-8963
----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : **ACEE84E4358A041A4ACE**

Amount of Each Receipt this Period  
50.00

Memo Item  
VERIFICATION OF PERMISSIBLE FUNDS REQUESTED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS	State MO	Zip Code 63105
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

**Transaction ID : AA15EE5678E0C4991939**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address 175 BERKELEY STREET

City BOSTON	State MA	Zip Code 02116
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

**Transaction ID : AA2953172B71B4157822**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : A2D7F17C2C4B24AAA939**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE KROGER CO. POLITICAL ACTION COMMITTEE**

Mailing Address 1014 VINE STREET

City CINCINNATI State OH Zip Code 45202

FEC ID number of contributing federal political committee. **C** C00059238

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2018

**Transaction ID : A65319C06431946F8B67**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FMC CORPORATION GOOD GOVERNMENT PROGRAM**

Mailing Address 1600 WILSON BLVD, STE 700

City ARLINGTON State VA Zip Code 22209-2510

FEC ID number of contributing federal political committee. **C** C00033704

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2018

**Transaction ID : A0FF8608345B540C795A**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)**

Mailing Address 11921 FREEDOM DRIVE  
SUITE 1100

City RESTON State VA Zip Code 20190-5634

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2018

**Transaction ID : A83EF3D125A1B4120B81**

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

**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: (check only one)		PAGE 48 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)

Mailing Address 1300 I ST NW, STE 400 WEST  
ATTN: TAYLOR CRAIG

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2018

**Transaction ID : A51E07CC53D084B60859**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BOTTLED WATER ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1700 DIAGONAL ROAD SUITE 650

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00457226

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2018

**Transaction ID : A95408731895F4908833**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL WOODEN PALLET AND CONTAINER ASSOCIATION POLITICAL ACTION COMMITTEE (PALLET PAC)

Mailing Address 1421 PRINCE STREET SUITE 340

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00668921

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2018

**Transaction ID : A7AA7CD30A8E048BE9F3**

Amount of Each Receipt this Period  
500.00

Memo Item  
POSTMARKED 11/05/2018

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 94  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1701 PENNSYLVANIA AVE NW  
SUITE 800

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

Transaction ID : **A5EDE755F74934CAF88B**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ASIAN AMERICAN HOTEL OWNERS ASSOC. PAC**

Mailing Address 5845 RICHMOND HWY STE 820

City ALEXANDRIA State VA Zip Code 22303-1872

FEC ID number of contributing federal political committee. **C** C00336743

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2018

Transaction ID : **ADE855C5C05A0499F8A5**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CHEVRON EMPLOYEES PAC**

Mailing Address P.O. BOX 6016

City SAN RAMON State CA Zip Code 94583-0716

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : **A9A70385B12CA40CE952**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3000.00

**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: (check only one)		PAGE 50 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HANCOCK CO REPUBLICAN WOMEN**

Mailing Address 135 PLEASANTVIEW DR

City HAMILTON	State IL	Zip Code 62341-1108
------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

**Transaction ID : AF4E711EE0DC5491F82C**

Amount of Each Receipt this Period  
200.00

Memo Item  
VERIFICATION OF PERMISSIBLE FUNDS REQUESTED

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY PAC**

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD	State MN	Zip Code 56560-1952
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2018

**Transaction ID : A309C4DE5AA4C4E7DB89**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT**

Mailing Address 1 COCA-COLA PLAZA NW

City ATLANTA	State GA	Zip Code 30313
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : A9DC5A90383FB446A94C**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**3M COMPANY PAC**

Mailing Address **3M CENTER BUILDING 224-6S-03**

City **ST. PAUL** State **MN** Zip Code **55144**

FEC ID number of contributing federal political committee. **C C00084475**

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2018

**Transaction ID : A04FA47FCE4F14B1A856**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THE VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Mailing Address **975 F STREET NW  
SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00410266**

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2018

**Transaction ID : A949FDE89D06248B0AC8**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)**

Mailing Address **655 BEACH STREET**

City **SAN FRANCISCO** State **CA** Zip Code **94109**

FEC ID number of contributing federal political committee. **C C00196246**

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2018

**Transaction ID : A742ACC97BF4A462FB6B**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

4000.00

**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 52 OF 94	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE**

Mailing Address 207 HIGH POINT DRIVE  
BUILDING 100

City VICTOR	State NY	Zip Code 14564
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00304832

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

**Transaction ID : A24E0990934834EC2B2D**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39850.00

**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 53 OF 94
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TEAM LAHOOD**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS	State GA	Zip Code 30605
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FEC ID number of contributing federal political committee. **C** C00619486

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9311.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2018

**Transaction ID : A6958A734B7CA4BFDAEF**

Amount of Each Receipt this Period  
9311.45

Memo Item  
TRANSFER OF NET JFC FUNDS

**B.** Full Name (Last, First, Middle Initial)  
**GAUCH, ROBERT, , ,**

Mailing Address 568 ELM ST

City WINNETKA	State IL	Zip Code 60093-2617
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : AA5D94710C1794CA58E8**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SUPERIOR AIR-GROUND AMBULANCE SVC INC EMPLOYEES PAC**

Mailing Address 395 WEST LAKE STREET

City ELMHURST	State IL	Zip Code 60126-1508
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00545558

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

**Transaction ID : A392185FAA9ED4101A1A**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	9311.45
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 94  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STIEBER, JAY, L, ,**

Mailing Address 400 CHERRY CREEK LN

City PROSPECT HEIGHTS   State IL   Zip Code 60070-1094

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

Name of Employer LETTUCE ENTERTAIN YOU   Occupation ATTORNEY

Receipt For: 2018  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2018

Transaction ID : **A7E2C2311B7F64F068D4**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**KAYSER, KRAIG, , ,**

Mailing Address 3736 S MAIN ST

City MARION   State NY   Zip Code 14505-9751

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

Name of Employer SENECA FOODS CORP   Occupation PRESIDENT & CEO

Receipt For: 2018  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2018

Transaction ID : **AE315D3105CAF4082A9A**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MACLEAN, BARRY, , ,**

Mailing Address 1000 ALLANSON RD

City MUNDELEIN   State IL   Zip Code 60060-3804

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

Name of Employer MACLEAN-FOGG COMPANY   Occupation CHAIRMAN

Receipt For: 2018  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2018

Transaction ID : **A3881900FEC804D5CACB**

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 55 OF 94  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GESSNER, DOUGLAS, , ,**

Mailing Address 1111 WAGNER RD

City GLENVIEW State IL Zip Code 60025-3218

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

Name of Employer KIRKLAND & ELLIS LLP Occupation ATTORNEY

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2018

Transaction ID : **A76BEABF024F7458CB3F**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9311.45

# 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 56 OF 94	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MORTON COMMUNITY BANK**

Mailing Address PO BOX 104

City PEORIA	State IL	Zip Code 61650-0104
----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2018

**Transaction ID : AAC7AD9E60FF4879816**

Amount of Each Receipt this Period  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

Memo Item  
BANK INTEREST

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

Memo Item

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

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

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

12.50

12.50



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2018	
Mailing Address PO BOX 84314			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70884-4314	Amount of Each Disbursement this Period 88.90	
Purpose of Disbursement CC TRANSACTION FEES		Category/Type	Transaction ID : BFD22A630FED14B80BF4	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. THE VOYAGEUR COMPANY, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018	
Mailing Address 1151 ORCHARD CIR			FEC Identification Number C	
City SAINT PAUL	State MN	Zip Code 55118-4146	Amount of Each Disbursement this Period 4931.47	
Purpose of Disbursement DIRECT MAIL PRODUCTION/POSTAGE		Category/Type	Transaction ID : B9CF2E77BC92747188BF	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018	
Mailing Address PO BOX 84314			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70884-4314	Amount of Each Disbursement this Period 136.80	
Purpose of Disbursement CC TRANSACTION FEES		Category/Type	Transaction ID : B6D5113EE04974E48805	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5157.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PEORIA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018		
Mailing Address 8835 N KNOXVILLE AVE.			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61615-1722	Amount of Each Disbursement this Period 297.74		
Purpose of Disbursement OFFICE RENT/UTILITIES/EQUIPMENT		Category/ Type	Transaction ID : B4C02E81E0DE940288D1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BKZ CONSULTING, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018		
Mailing Address PO BOX 577832			FEC Identification Number C		
City CHICAGO	State IL	Zip Code 60657-7340	Amount of Each Disbursement this Period 9141.04		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : B8ACACF452B634C84B0E		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. RABER PACKING CO.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018		
Mailing Address 1413 N RABER RD			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61604-4710	Amount of Each Disbursement this Period 400.00		
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : B83FB99A58A7A49CE950		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9838.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CRACKED PEPPER CATERING &amp; BAKERY INC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018	
Mailing Address 3406 NE ADAMS ST			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61603-2202	Amount of Each Disbursement this Period 3480.38	
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : B1007DBAA7A464C8F91D	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GREGG FLORIST, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018	
Mailing Address 1015 E WAR MEMORIAL DR			FEC Identification Number C	
City PEORIA HEIGHTS	State IL	Zip Code 61616-7657	Amount of Each Disbursement this Period 345.34	
Purpose of Disbursement FLOWERS		Category/Type	Transaction ID : B5EF49B37451147729D4	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ARISTOTLE INTERNATIONAL, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018	
Mailing Address 205 PENNSYLVANIA AVE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1164	Amount of Each Disbursement this Period 1200.00	
Purpose of Disbursement SOFTWARE		Category/Type	Transaction ID : B827C22915DC0456480A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5025.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PROFESSIONAL DATA SERVICES, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 824 S MILLEDGE AVE STE 101			FEC Identification Number C
City ATHENS	State GA	Zip Code 30605-1332	Amount of Each Disbursement this Period 3553.11
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : B1F895A36FD3A408DBDB
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PEORIA AREA CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 403 NE JEFFERSON AVE			FEC Identification Number C
City PEORIA	State IL	Zip Code 61603-3725	Amount of Each Disbursement this Period 310.00
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type	Transaction ID : BC4980379F17E438E8AD
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PROSPECT SOUND &amp; LIGHT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018
Mailing Address 3318 N PROSPECT RD			FEC Identification Number C
City PEORIA	State IL	Zip Code 61603-1510	Amount of Each Disbursement this Period 425.00
Purpose of Disbursement EQUIPMENT RENTAL		Category/ Type	Transaction ID : B27FBDF710CB240399E7
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4288.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018		
Mailing Address PO BOX 84314			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70884-4314	Amount of Each Disbursement this Period 100.60		
Purpose of Disbursement CC TRANSACTION FEES		Category/Type	Transaction ID : BC6E42A2246AC4A41B2D		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2018		
Mailing Address 5827 COLFAX AVE			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22311-1013	Amount of Each Disbursement this Period 50000.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : B0B00E6377F174F79AA5		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2018		
Mailing Address PO BOX 84314			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70884-4314	Amount of Each Disbursement this Period 81.20		
Purpose of Disbursement CC TRANSACTION FEES		Category/Type	Transaction ID : B33AFFEAC04B0416D852		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50181.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement
Mailing Address PO BOX 84314		M M / D D / Y Y Y Y 10 / 29 / 2018
City BATON ROUGE	State LA	Zip Code 70884-4314
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 40.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDF7600567C1B4D84AF6
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>		Date of Disbursement
Mailing Address PO BOX 84314		M M / D D / Y Y Y Y 10 / 31 / 2018
City BATON ROUGE	State LA	Zip Code 70884-4314
Purpose of Disbursement CC TRANSACTION FEES		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 43.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA7CA0F03BE3C471CB3C
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. STATE FARM</b>		Date of Disbursement
Mailing Address PO BOX 680001		M M / D D / Y Y Y Y 10 / 31 / 2018
City DALLAS	State TX	Zip Code 75368-0001
Purpose of Disbursement INSURANCE		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 100.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5D632F6DF909412CBC3
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	184.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PNC BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2018	
Mailing Address PO BOX 609			FEC Identification Number C	
City PITTSBURGH	State PA	Zip Code 15230-0609	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement BANK FEES		Category/Type	Transaction ID : BF871FEFEEEE7340DEB7F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. COYLE, KATHERINE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address 10511 N SUNRISE CT			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61615-8831	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : B8C2807D82253459281E	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CEFCU</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address PO BOX 1715			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61656-1715	Amount of Each Disbursement this Period 710.09	
Purpose of Disbursement CAMPAIGN VEHICLE		Category/Type	Transaction ID : B7C0882EBE5B94C27B78	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3810.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018		
Mailing Address PO BOX 84314			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70884-4314	Amount of Each Disbursement this Period 108.30		
Purpose of Disbursement CC TRANSACTION FEES		Category/Type	Transaction ID : B38FA29D22F614732860		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018		
Mailing Address PO BOX 84314			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70884-4314	Amount of Each Disbursement this Period 59.80		
Purpose of Disbursement CC TRANSACTION FEES		Category/Type	Transaction ID : BE264227C6BAF4C3DBC7		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. 814 CONSULTING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018		
Mailing Address 5827 COLFAX AVE			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22311-1013	Amount of Each Disbursement this Period 25000.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type	Transaction ID : BA85B8F67A8C74510B99		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25168.10
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address PO BOX 4002		FEC Identification Number C
City ACWORTH	State GA	Zip Code 30101-9003
Purpose of Disbursement TELEPHONE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 200.47	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3ACAC86C77BA4ED7ACD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MORTON COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address PO BOX 104		FEC Identification Number C
City PEORIA	State IL	Zip Code 61650-0104
Purpose of Disbursement BANK FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9F6A4059766B41A58FC
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2018
Mailing Address PO BOX 84314		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70884-4314
Purpose of Disbursement CC TRANSACTION FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 108.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B86B6F0C73DED41EEA1D
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	333.77
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A. BKZ CONSULTING, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 577832

City CHICAGO    State IL    Zip Code 60657-7340

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

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

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 05 / 2018

FEC Identification Number  
C

Amount of Each Disbursement this Period  
16797.05

Transaction ID : B3A1845A716FF43408BD

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 84314

City BATON ROUGE    State LA    Zip Code 70884-4314

Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

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

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 06 / 2018

FEC Identification Number  
C

Amount of Each Disbursement this Period  
222.70

Transaction ID : B2EB08EED9A674AF4B2A

Memo Item

**C. 814 CONSULTING, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 5827 COLFAX AVE

City ALEXANDRIA    State VA    Zip Code 22311-1013

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

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

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 08 / 2018

FEC Identification Number  
C

Amount of Each Disbursement this Period  
51367.48

Transaction ID : BACE5E8CE46D1454CAED

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 68387.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LARIAT STEAKHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018		
Mailing Address 2232 W GLEN AVE			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61614-4565	Amount of Each Disbursement this Period 2772.62		
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : BBA873280796247099A0		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2018		
Mailing Address 300 1ST ST SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 226.90		
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : B78F1D45834584AF0B0E		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. PEORIA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2018		
Mailing Address 8835 N KNOXVILLE AVE.			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61615-1722	Amount of Each Disbursement this Period 304.43		
Purpose of Disbursement OFFICE RENT/UTILITIES/EQUIPMENT		Category/Type	Transaction ID : B6BCA49350EBE421F833		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3303.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SIRIUS XM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2018
Mailing Address 1221 AVENUE OF THE AMERICAS		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10020-1001
Purpose of Disbursement TRAVEL EXPENSE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 228.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B50941DE5BDB7488B81A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PNC BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address PO BOX 609		FEC Identification Number C
City PITTSBURGH	State PA	Zip Code 15230-0609
Purpose of Disbursement SEE MEMO	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9312.17	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE9BA95C0AC69489E9B2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CHICAGO O'HARE LOT E</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address W WARREN BLVD		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60612
Purpose of Disbursement PARKING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 36.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B1DBFD5A819794A169B0
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9540.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHARLIE PALMER STEAK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 101 CONSTITUTION AVE NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001-2133	Amount of Each Disbursement this Period 293.70	
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : B606CE9E3B0C34CC4BBE	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MEMBERS DINING</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address US HOUSE OF REPRESENTATIVES US CAPITOL			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20515-0001	Amount of Each Disbursement this Period 40.90	
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : BC3AA81F1F4614D55A21	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EMBASSY SUITES/HILTON HOTELS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 7930 JONES BRANCH DR			FEC Identification Number C	
City MC LEAN	State VA	Zip Code 22102-3388	Amount of Each Disbursement this Period 578.47	
Purpose of Disbursement LODGING		Category/Type	Transaction ID : BC85C22E3DFE6478FB34	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address PO BOX 4002			FEC Identification Number C	
City ACWORTH	State GA	Zip Code 30101-9003	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement TELEPHONE		Category/Type	Transaction ID : B4FB6C969311944B8B2A	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EXXONMOBILE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1901 W JEFFERSON ST			FEC Identification Number C	
City SPRINGFIELD	State IL	Zip Code 62702-2201	Amount of Each Disbursement this Period 221.90	
Purpose of Disbursement TRAVEL EXPENSE		Category/Type	Transaction ID : B3429B886E0D742C0990	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DESTIHL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 318 S TOWANDA AVE			FEC Identification Number C	
City NORMAL	State IL	Zip Code 61761-2212	Amount of Each Disbursement this Period 80.45	
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : B7B549B1BACFC49E590F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1455 MARKET ST FL 4			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103-1355	Amount of Each Disbursement this Period 318.43	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	Transaction ID : B4AE7BB4559AC4AC1805	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 3412 FREEDOM DR			FEC Identification Number C	
City SPRINGFIELD	State IL	Zip Code 62704-6516	Amount of Each Disbursement this Period 257.23	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : BA4DE794CA1904A8B9FD	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. W. CURTIS DRAPER TOBACCONIST</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 699 15TH ST NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005-5702	Amount of Each Disbursement this Period 699.37	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type	Transaction ID : B7E0ED154172C46C6965	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CASEY'S GENERAL STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1552 W JACKSON			FEC Identification Number C	
City MACOMB	State IL	Zip Code 61455-1900	Amount of Each Disbursement this Period 103.60	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	Transaction ID : B64DC2160E4E844838BE	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WALGREENS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 342 E ILLINOIS ST			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60611-4304	Amount of Each Disbursement this Period 6.21	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : BDEBD4F74F9084AFB876	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 223 S WACKER DR			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 742.40	
Purpose of Disbursement AIRFARE		Category/ Type	Transaction ID : B5536376697EE42E7A6F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JIM'S BISTRO</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 4612 N PROSPECT RD			FEC Identification Number C	
City PEORIA HEIGHTS	State IL	Zip Code 61616-6438	Amount of Each Disbursement this Period 59.59	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : B6247E335776B47DA9C5	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 6310 N UNIVERSITY ST			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61614-8905	Amount of Each Disbursement this Period 114.65	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : B41A9DFF0BD194007B00	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. KIMPTON HOTELS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 222 KEARNY ST, STE 200			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94108-4537	Amount of Each Disbursement this Period 378.01	
Purpose of Disbursement LODGING		Category/ Type	Transaction ID : B173F6AF2AB1C48409C0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARATHON PETROLEUM</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address MARATHON			FEC Identification Number C	
City BLOOMINGTON	State IL	Zip Code 61701	Amount of Each Disbursement this Period 50.94	
Purpose of Disbursement TRAVEL EXPENSE		Category/Type	Transaction ID : BD4B3E5F5490646B284F	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. COSTCO</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1901 W 22ND ST			FEC Identification Number C	
City OAK BROOK	State IL	Zip Code 60523-1759	Amount of Each Disbursement this Period 489.10	
Purpose of Disbursement EVENT SUPPLIES		Category/Type	Transaction ID : BCF8E649A90B34F68BE6	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ROBERT TRENT JONES GOLF CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1 TURTLE POINT DR			FEC Identification Number C	
City GAINESVILLE	State VA	Zip Code 20155-2803	Amount of Each Disbursement this Period 111.30	
Purpose of Disbursement EVENT FACILITY RENTAL/CATERING/SUPPLIES		Category/Type	Transaction ID : B4F1BE6B0CD5F49C4A26	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL OIL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1000 MAIN ST FL 12			FEC Identification Number C	
City HOUSTON	State TX	Zip Code 77002-6367	Amount of Each Disbursement this Period 193.19	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	Transaction ID : BE8C8C13799814D2CAE6	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MANGOLD FORD</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1100 W CENTER ST			FEC Identification Number C	
City EUREKA	State IL	Zip Code 61530-9507	Amount of Each Disbursement this Period 86.61	
Purpose of Disbursement CAMPAIGN VEHICLE MAINTENANCE		Category/ Type	Transaction ID : B2B59AEAF911148BFAE4	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ONE WORLD CAFE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 1245 W MAIN ST			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61606-1371	Amount of Each Disbursement this Period 153.33	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : BEB3667E3F39448928EA	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 601 PENNSYLVANIA AVE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20004-2601
Purpose of Disbursement MEETING EXPENSE		Amount of Each Disbursement this Period 33.05
Candidate Name		Transaction ID : B6E2C90F447F040C9A6A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BOYS AND GIRLS CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 300 S 15TH ST		FEC Identification Number C
City SPRINGFIELD	State IL	Zip Code 62703-1219
Purpose of Disbursement EVENT TICKETS		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : B94D509A8453B4569B3B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AVIS BUDGET CAR RENTAL, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 6 SYLVAN WAY		FEC Identification Number C
City PARSIPPANY	State NJ	Zip Code 07054-3826
Purpose of Disbursement TRAVEL EXPENSE		Amount of Each Disbursement this Period 186.24
Candidate Name		Transaction ID : BD08D2FA7EEA84FCEBD0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SONOMA RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 223 PENNSYLVANIA AVE SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1107
Purpose of Disbursement MEETING EXPENSE		Amount of Each Disbursement this Period 396.10
Candidate Name		Transaction ID : B76A4D9C90949497F901
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE PIER RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 401 BONANSINGA DR		FEC Identification Number C
City QUINCY	State IL	Zip Code 62301-2569
Purpose of Disbursement MEETING EXPENSE		Amount of Each Disbursement this Period 182.03
Candidate Name		Transaction ID : B8E6DC4AC963649D5A01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BULLFEATHERS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018
Mailing Address 410 1ST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1819
Purpose of Disbursement MEETING EXPENSE		Amount of Each Disbursement this Period 87.60
Candidate Name		Transaction ID : B7498960771AB4A82A15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BP PETROLEUM</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 28301 FERRY RD			FEC Identification Number C	
City WARRENVILLE	State IL	Zip Code 60555-3018	Amount of Each Disbursement this Period 175.77	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	Transaction ID : B8A6F8E5BA7EA4C98A9B	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GEORGIA SCHOOL FUNDRAISING</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address PO BOX 305142			FEC Identification Number C	
City NASHVILLE	State TN	Zip Code 37230-5142	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement EVENT TICKETS		Category/ Type	Transaction ID : BC870EF9D34E84362BD5	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LOVE'S COUNTRYSTORE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018	
Mailing Address 10601 N PENNSYLVANIA AVE			FEC Identification Number C	
City OKLAHOMA CITY	State OK	Zip Code 73120-4108	Amount of Each Disbursement this Period 52.06	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	Transaction ID : B31BD94F0B7CF42D594F	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JIMMY JOHNS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2018		
Mailing Address 8516 N KNOXVILLE AVE			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61615-2034	Amount of Each Disbursement this Period 52.29		
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : BCA82DBE2C8C4422E927		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018		
Mailing Address 270 PARK AVE			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10017-2014	Amount of Each Disbursement this Period 1301.60		
Purpose of Disbursement SEE MEMO		Category/Type	Transaction ID : B5E85437DF6EC42D6870		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MARRIOTT HOTELS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018		
Mailing Address 10400 FERNWOOD RD			FEC Identification Number C		
City BETHESDA	State MD	Zip Code 20817-1102	Amount of Each Disbursement this Period 1122.90		
Purpose of Disbursement LODGING		Category/Type	Transaction ID : BCE9C42C2C7164A4EBFA		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHASE CARD SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018		
Mailing Address 270 PARK AVE			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10017-2014	Amount of Each Disbursement this Period 416.00		
Purpose of Disbursement SEE MEMO		Category/Type	Transaction ID : BF7E6B132068C406BB92		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018		
Mailing Address 223 S WACKER DR			FEC Identification Number C		
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 416.00		
Purpose of Disbursement AIRFARE		Category/Type	Transaction ID : B7BC0B2E44B634857B51		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) <b>C. COYLE, KATHERINE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2018		
Mailing Address 10511 N SUNRISE CT			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61615-8831	Amount of Each Disbursement this Period 2345.88		
Purpose of Disbursement SEE MEMO		Category/Type	Transaction ID : B750F95D2CB8C4CC4ADA		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2761.88
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PEORIA RENTALS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2018
Mailing Address 921 E WAR MEMORIAL		FEC Identification Number C
City PEORIA HEIGHTS	State IL	Zip Code 61616-7655
Purpose of Disbursement EVENT SUPPLY RENTAL		Amount of Each Disbursement this Period 1978.40
Candidate Name		Transaction ID : B144DF3DA9F2D46DFB53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018
Mailing Address 270 PARK AVE		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10017-2014
Purpose of Disbursement SEE MEMO		Amount of Each Disbursement this Period 765.59
Candidate Name		Transaction ID : B28A56F48680943EFB03
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALAMO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2018
Mailing Address 600 CORPORATE PARK DR		FEC Identification Number C
City SAINT LOUIS	State MO	Zip Code 63105-4204
Purpose of Disbursement CAR RENTAL		Amount of Each Disbursement this Period 765.59
Candidate Name		Transaction ID : BF297D411D7FC4B0ABB4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	765.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PNC BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address PO BOX 609			FEC Identification Number C	
City PITTSBURGH	State PA	Zip Code 15230-0609	Amount of Each Disbursement this Period 19565.95	
Purpose of Disbursement SEE MEMO		Category/Type	Transaction ID : BC6C285282BB6497AA26	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FLS CONNECT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 7300 HUDSON BLVD, STE 270			FEC Identification Number C	
City SAINT PAUL	State MN	Zip Code 55128-7143	Amount of Each Disbursement this Period 3623.73	
Purpose of Disbursement E-MARKETING		Category/Type	Transaction ID : B5ABB4E2E6DBA4CCBBCC	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input checked="" type="checkbox"/>	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LARIAT STEAKHOUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 2232 W GLEN AVE			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61614-4565	Amount of Each Disbursement this Period 170.35	
Purpose of Disbursement MEETING EXPENSE		Category/Type	Transaction ID : BEB4B881779A1427DBEC	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input checked="" type="checkbox"/>	
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).....▶	19565.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MANGOLD FORD</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 1100 W CENTER ST			FEC Identification Number C	
City EUREKA	State IL	Zip Code 61530-9507	Amount of Each Disbursement this Period 1072.68	
Purpose of Disbursement CAMPAIGN VEHICLE MAINTENANCE		Category/Type	Transaction ID : BBEF4B9BF41B648D2839	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT/OFFICE MAX</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 801 W LAKE AVE			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61614-5951	Amount of Each Disbursement this Period 365.45	
Purpose of Disbursement OFFICE SUPPLIES		Category/Type	Transaction ID : B06A68806F8B34486B24	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ROBERT TRENT JONES GOLF CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 1 TURTLE POINT DR			FEC Identification Number C	
City GAINESVILLE	State VA	Zip Code 20155-2803	Amount of Each Disbursement this Period 7009.34	
Purpose of Disbursement EVENT FACILITY RENTAL/CATERING/SUPPLIES		Category/Type	Transaction ID : B7F2DF249D3814C61B6A	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MONA'S</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 202 N MAIN ST			FEC Identification Number C		
City TOLUCA	State IL	Zip Code 61369-9431	Amount of Each Disbursement this Period 550.18		
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : BB409E016DE4742D3909		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. THE HARVEST CAFE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 317 S LOCUST ST			FEC Identification Number C		
City DELANAN	State IL	Zip Code 61734-7528	Amount of Each Disbursement this Period 1709.15		
Purpose of Disbursement EVENT CATERING		Category/ Type	Transaction ID : B2CA23136C21B427AB53		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. RUDI'S GRILL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 1913 W MORTON AVE			FEC Identification Number C		
City JACKSONVILLE	State IL	Zip Code 62650-2620	Amount of Each Disbursement this Period 395.15		
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : BF25356617DCD48A3BD6		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SORRENTO'S PIZZA</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 614 BROADWAY ST			FEC Identification Number C	
City LINCOLN	State IL	Zip Code 62656-2722	Amount of Each Disbursement this Period 309.39	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : B2105585DA92B44F5B07	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT HOTELS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 10400 FERNWOOD RD			FEC Identification Number C	
City BETHESDA	State MD	Zip Code 20817-1102	Amount of Each Disbursement this Period 91.80	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : B7E652E47532144F3B06	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. JIMMY JOHNS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 8516 N KNOXVILLE AVE			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61615-2034	Amount of Each Disbursement this Period 265.63	
Purpose of Disbursement MEETING EXPENSE		Category/ Type	Transaction ID : B48842E8E4E5D4009A21	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ENTERPRISE RENT-A-CAR</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 600 CORPORATE PARK DR			FEC Identification Number C		
City SAINT LOUIS	State MO	Zip Code 63105-4204	Amount of Each Disbursement this Period 357.12		
Purpose of Disbursement TRAVEL EXPENSE		Category/Type	Transaction ID : B1FB641B4E0854A409C1		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. EXXONMOBILE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 1901 W JEFFERSON ST			FEC Identification Number C		
City SPRINGFIELD	State IL	Zip Code 62702-2201	Amount of Each Disbursement this Period 257.98		
Purpose of Disbursement TRAVEL EXPENSE		Category/Type	Transaction ID : B22B195F0D3404329B63		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BIAGGI'S</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018		
Mailing Address 2601 W LAKE AVE,			FEC Identification Number C		
City PEORIA	State IL	Zip Code 61615-3754	Amount of Each Disbursement this Period 791.69		
Purpose of Disbursement EVENT CATERING		Category/Type	Transaction ID : B20E8BFAD3D464CB1B4C		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SO CHIC BOUTIQUE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2018	
Mailing Address 4605 N PROSPECT RD			FEC Identification Number C	
City PEORIA HEIGHTS	State IL	Zip Code 61616-6437	Amount of Each Disbursement this Period 221.85	
Purpose of Disbursement EVENT SUPPLIES		Category/Type	Transaction ID : BA533B6D830244E13A7E	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. HULTGREN, CAROL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018	
Mailing Address 9962 HORSE CREEK DR			FEC Identification Number C	
City FORT MYERS	State FL	Zip Code 33913-2000	Amount of Each Disbursement this Period 145.16	
Purpose of Disbursement SEE MEMO		Category/Type	Transaction ID : B36AD12DE00EA47349AF	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MY BEAUTIFUL BALLOONS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018	
Mailing Address 3295 COURT ST			FEC Identification Number C	
City PEKIN	State IL	Zip Code 61554-6208	Amount of Each Disbursement this Period 117.39	
Purpose of Disbursement EVENT SUPPLIES		Category/Type	Transaction ID : B949229CEEC0741069D4	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	145.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2018	
Mailing Address 8915 N ALLEN RD			FEC Identification Number C	
City PEORIA	State IL	Zip Code 61615-1534	Amount of Each Disbursement this Period 27.77	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type	Transaction ID : BBB2FBDC0CA874E5DBF6	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	209759.91



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AON POLITICAL ACTION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018	
Mailing Address 200 E RANDOLPH ST 4N41D			FEC Identification Number C C00211250	
City CHICAGO	State IL	Zip Code 60601-6436	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement REFUND		Category/ Type	Transaction ID : BB96DE65E930F46C3891	
Candidate Name AON POLITICAL ACTION COMMITTEE		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

**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)		PAGE 90 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PEORIA HISTORICAL SOCIETY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address 611 SW WASHINGTON ST STE A			FEC Identification Number <b>C</b>	
City PEORIA	State IL	Zip Code 61602-5105		
Purpose of Disbursement DONATION		Category/ Type		
Candidate Name		Transaction ID : <b>B83DC3CAC982541EEB18</b>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. CENTER FOR PREVENTION OF ABUSE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2018	
Mailing Address PO BOX 3855			FEC Identification Number <b>C</b>	
City PEORIA	State IL	Zip Code 61612-3855		
Purpose of Disbursement DONATION		Category/ Type		
Candidate Name		Transaction ID : <b>BC59ACE5AAD214EB1BDA</b>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS FOR BRETT BEACHLER</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2018	
Mailing Address 3928 N STABLE CT			FEC Identification Number <b>C</b>	
City PEORIA	State IL	Zip Code 61614-6909		
Purpose of Disbursement CONTRIBUTION(STATE/LOCAL COMMITTEE)		Category/ Type		
Candidate Name		Transaction ID : <b>BA0665333D78D4ED19C6</b>		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CULBERSON FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address P.O. BOX 41964			FEC Identification Number <b>C</b> C00343236	
City HOUSTON	State TX	Zip Code 77241	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION		Category/ Type	Transaction ID : <b>BC0A20DF5331E494BBC5</b>	
Candidate Name <b>CULBERSON, JOHN, , ,</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 07			
Memo Item <input type="checkbox"/>				

Full Name (Last, First, Middle Initial) <b>B. NRCC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018	
Mailing Address 320 FIRST ST SE			FEC Identification Number <b>C</b> C00075820	
City WASHINGTON	State DC	Zip Code 20003-1838	Amount of Each Disbursement this Period 55000.00	
Purpose of Disbursement CONTRIBUTION		Category/ Type	Transaction ID : <b>B81A6D525AE424C1B846</b>	
Candidate Name <b>NRCC</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			
Memo Item <input type="checkbox"/>				

Full Name (Last, First, Middle Initial) <b>C. DONOVAN FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018	
Mailing Address PO BOX 60530			FEC Identification Number <b>C</b> C00571869	
City STATEN ISLAND	State NY	Zip Code 10306	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION		Category/ Type	Transaction ID : <b>B88522C02C6F944E09E8</b>	
Candidate Name <b>DONOVAN, DAN, , ,</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 11			
Memo Item <input type="checkbox"/>				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	57000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

**A. PETE SESSIONS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement CONTRIBUTION

Candidate Name SESSIONS, PETE, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 32

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C C00303305

Amount of Each Disbursement this Period: 2000.00

Transaction ID : BD211FF5EF6AA4394A8B

Memo Item

**B. FASO FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 448

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement CONTRIBUTION

Candidate Name FASO, JOHN, J, ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District: 19

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C C00580415

Amount of Each Disbursement this Period: 2000.00

Transaction ID : BA27C2B79D4CE412FB9A

Memo Item

**C. JAIME FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1614

City RIDGEFIELD State WA Zip Code 98642

Purpose of Disbursement CONTRIBUTION

Candidate Name JAIME, HERRERA, BEUTLER, ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WA District: 03

Date of Disbursement: 10 / 25 / 2018

FEC Identification Number: C C00472704

Amount of Each Disbursement this Period: 2000.00

Transaction ID : B6A4BC2D83AA24A5192F

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOHN CARTER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018
Mailing Address 201 UNIVERSITY OAKS BLVD. SUITE 540 # 148		FEC Identification Number C 000371203
City ROUND ROCK State TX Zip Code 78665	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>CARTER, JOHN, R, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B8699329A574C45B1913
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TX District: 31	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. SMUCKER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018
Mailing Address 548 STEEL WAY PO BOX 7066		FEC Identification Number C 000599464
City LANCASTER State PA Zip Code 17604	Purpose of Disbursement CONTRIBUTION	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>SMUCKER, LLOYD, K, ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B39014B54976E49248D2
Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: PA District: 16	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. SANGAMON COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2018
Mailing Address 1132 SANGAMON AVE.		FEC Identification Number C
City SPRINGFIELD State IL Zip Code 62702-1853	Purpose of Disbursement CONTRIBUTION(STATE/LOCAL COMMITTEE)	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B1E207C9653A247B98A3
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRIAN FITZPATRICK FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2018
Mailing Address PO BOX 939		FEC Identification Number C C00607416
City LANGHORNE	State PA	Zip Code 19047
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>FITZPATRICK, BRIAN, , ,</b>	Category/ Type	Transaction ID : <b>B5B107B66B57840DAB91</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 08		

Full Name (Last, First, Middle Initial) <b>B. ILLINOIS REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2018
Mailing Address P.O. BOX 64897		FEC Identification Number C C00005926
City CHICAGO	State IL	Zip Code 60664
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 3000.00
Candidate Name <b>ILLINOIS REPUBLICAN PARTY</b>	Category/ Type	Transaction ID : <b>BE50B819CFE26411C8BF</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ROTHFUS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2018
Mailing Address PO BOX 435		FEC Identification Number C C00497115
City SEWICKLEY	State PA	Zip Code 15143
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>ROTHFUS, KEITH, , ,</b>	Category/ Type	Transaction ID : <b>B9B317D8D55854F31BC0</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	80000.00