

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. BOX 5130  
 Check if different than previously reported. (ACC)  
EVANSTON IL 60204

2. **FEC IDENTIFICATION NUMBER** C00327023  
**CITY** STATE ZIP CODE STATE DISTRICT  
IS THIS REPORT  NEW (N) OR  AMENDED (A)  
IL 09

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 11 04 2008 in the State of IL  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Melanie Rovner Cohen

Signature of Treasurer Electronically Filed by Melanie Rovner Cohen Date 10 22 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	50995.07	1351353.72
(b) Total Contribution Refunds (from Line 20(d)).....	2300.00	6600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48695.07	1344753.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12803.61	818941.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9925.85
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12803.61	809015.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	428948.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
 SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

9570.00

810058.00

(ii) Unitemized.....

1925.07

203582.33

(iii) TOTAL of contributions

11495.07

1013640.33

from individuals..... ▶

0.00

303.39

(b) Political Party Committees.....

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

39500.00

337410.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

50995.07

1351353.72

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

9925.85

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

280.21

8212.52

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

51275.28

1369492.09

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	12803.61	818941.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2300.00	6600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2300.00	6600.00
21. OTHER DISBURSEMENTS.....	10250.00	343195.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25353.61	1168736.52

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	403026.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51275.28
25. SUBTOTAL (add Line 23 and Line 24).....	454301.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25353.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	428948.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
Lee Betterman

Mailing Address 1506 Willow Lane

City State Zip Code  
Mt. Prospect IL 60056

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 915.00

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

**Transaction ID:** SA11AI.12717

Amount of Each Receipt this Period  
120.00

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

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

Mailing Address 4906 South Drexel

City State Zip Code  
Chicago IL 60615

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

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

**Transaction ID:** SA11AI.12712

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 1837 Asbury Ave.

City State Zip Code  
Evanston IL 60201

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

Name of Employer Bain & Company Occupation Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID:** SA11AI.12719

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

**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: <span style="float: right;">PAGE 6 / 39</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey Dennis</p> <p>Mailing Address 1370 Shagbark Lane</p> <p>City State Zip Code <b>Des Plaines IL 60018</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-employed Occupation <b>Attorney</b></p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>1000.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>10 / 03 / 2008</b></p> <p><b>Transaction ID: SA11AI.12676</b></p> <p>Amount of Each Receipt this Period <b>1000.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Grace Dingee</p> <p>Mailing Address 71 Claremont Ave.</p> <p>City State Zip Code <b>Arlington MA 02476</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation <b>Retired</b></p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>300.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>10 / 10 / 2008</b></p> <p><b>Transaction ID: SA11AI.12720</b></p> <p>Amount of Each Receipt this Period <b>100.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mimi Gilpin</p> <p>Mailing Address 1715 Chicago Avenue #809</p> <p>City State Zip Code <b>Evanston IL 60201</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation <b>Retired</b></p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>450.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>10 / 15 / 2008</b></p> <p><b>Transaction ID: SA11AI.12727</b></p> <p>Amount of Each Receipt this Period <b>50.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>1150.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
J. Cunyon Gordon

Mailing Address 514-A West Barry

City State Zip Code  
Chicago IL 60657

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

Name of Employer  
Eimer Stahl Klevorn & Solberg

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

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

Transaction ID: SA11AI.12673

Amount of Each Receipt this Period

150.00
--------

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

B.

Full Name (Last, First, Middle Initial)  
Mary H. Gormley

Mailing Address 1641 Hinman Ave.

City State Zip Code  
Evanston IL 60201

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.12744

Amount of Each Receipt this Period

100.00
--------

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

C.

Full Name (Last, First, Middle Initial)  
Ruth Horwich

Mailing Address 4833 S. Woodlawn

City State Zip Code  
Chicago IL 60615

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: SA11AI.12709

Amount of Each Receipt this Period

50.00
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Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

<b>300.00</b>
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Jackie Kaplan

Mailing Address 2128 W. Summerdale

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing federal political committee. C

Name of Employer AVODAH Occupation Chicago Site Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 06 / 2008

**Transaction ID:** SA11AI.12681

Amount of Each Receipt this Period 75.00

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

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

Mailing Address 511 Gair Street

City State Zip Code  
Piermont NY 10968

FEC ID number of contributing federal political committee. C

Name of Employer Presidential Life Insurance Company Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 08 / 2008

**Transaction ID:** SA11AI.12689

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 4610 W. Dempster

City State Zip Code  
Skokie IL 60007

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 03 / 2008

**Transaction ID:** SA11AI.12678

Amount of Each Receipt this Period 50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1125.00

**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 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Laura Ricketts

Mailing Address 1615 W. Rosehill Drive

City State Zip Code  
Chicago IL 60660

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

Name of Employer Ecotravel LLC Occupation Executive

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

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

Transaction ID: SA11AI.12674

Amount of Each Receipt this Period  
800.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Robinson

Mailing Address 6007 N. Sheridan Apt. 25-E

City State Zip Code  
Chicago IL 60660

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12722

Amount of Each Receipt this Period  
200.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Helene Rosenblum

Mailing Address 1811 West Winnemac

City State Zip Code  
Chicago IL 60640

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

Name of Employer Field Museum Occupation Marketing

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12728

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 10 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Natalie Ross	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 6233 N. Wayne Ave.	Transaction ID: SA11AI.12705
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Jewish Family and Community Services	Occupation Social Worker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bonnie Rothman	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 2020 Lincoln Park W. #33A	Transaction ID: SA11AI.12684
	City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Peer Group	Occupation Marketing Consultant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Rothman	Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address 2020 N. Lincoln Park West Apt. 33A	Transaction ID: SA11AI.12685
	City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Futures Trader	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sally J. Rynne

Mailing Address 566 Lincoln Avenue

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Health Newsletters Direct      Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** SA11AI.12672

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1842 W. Wabansia

City State Zip Code  
Chicago IL 60622

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

Name of Employer Self-employed      Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1225.00

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

**Transaction ID:** SA11AI.12671

Amount of Each Receipt this Period  
225.00

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

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

Mailing Address 4200 West Peterson

City State Zip Code  
Chicago IL 60646

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

Name of Employer Alden Management      Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

**Transaction ID:** SA11AI.12752

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3525.00**

**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 12 / 39  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Granvil Specks

Mailing Address 2773 Sheridan Rd.

City State Zip Code  
Evanston IL 60201

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

Name of Employer Retired      Occupation Retired

Receipt For: 2008      Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.12667

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 5615 N. Ridgeway Road

City State Zip Code  
Ringwood IL 60072

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

Name of Employer Retired      Occupation Retired

Receipt For: 2008      Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼      275.00

Date of Receipt  

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

**Transaction ID:** SA11AI.12708

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 33 Commonwealth Avenue

City State Zip Code  
Boston MA 02116

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

Name of Employer The Topol Group LLP      Occupation President

Receipt For: 2008      Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  

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

**Transaction ID:** SA11AI.12693

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 13 / 39
	<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)  
**SCHAKOWSKY FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial) Ingrid Verhulst		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 5520 North Glenwood Avenue		<b>Transaction ID:</b> SA11AI.12729
City Chicago	State IL	Zip Code 60640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Mark Zivin		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 1637 Judson Avenue		<b>Transaction ID:</b> SA11AI.12741
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Morrison & Morrison	Occupation CPA	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9570.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Amalgamated Transit Union COPE

Mailing Address 5025 Wisconsin Ave. NW

City Washington State DC Zip Code 20016

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 08 / 2008  
Transaction ID: SA11C.12654  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Association of Nurse Anesthetists PAC

Mailing Address 222 South Prospect Avenue

City Park Ridge State IL Zip Code 60068

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 10 / 03 / 2008  
Transaction ID: SA11C.12643  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American College of Physician Services aka ACP Services PAC

Mailing Address 25 Massachusettes Ave., NW, Suite

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 10 / 15 / 2008  
Transaction ID: SA11C.12662  
Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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: PAGE 15 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American Dental Association PAC

Mailing Address 1111 14th Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** SA11C.12656

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Hotel & Lodging Association PAC

Mailing Address 1201 New York Avenue NW #600

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C.12651

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Nurses Association PAC

Mailing Address 8515 Georgia Avenue #400

City State Zip Code  
Silver Spring MD 20910

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** SA11C.12649

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

**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 16 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American Podiatric Medical Association PAC

Mailing Address 9312 Old Georgetown Rd.

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

**Transaction ID:** SA11C.12641

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Americans for the Arts Action Fund

Mailing Address 1000 Vermont Avenue 6th Floor

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11C.12645

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
BluePAC-Blue Cross and Blue Shield Assn PAC

Mailing Address 1310 G Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** SA11C.12642

Amount of Each Receipt this Period  
1000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Burlington Northern Santa Fe Corporation RAILPAC  
Mailing Address P.O. Box 961039

City State Zip Code  
Fort Worth TX 76161

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** SA11C.12653

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Communication Workers of America COPE PCC  
Mailing Address 501 3rd Street NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 8

**Transaction ID:** SA11C.12658

Amount of Each Receipt this Period  
4000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Intl. Association of Firefighters FIREPAC  
Mailing Address 1750 New York Ave. NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

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

**Transaction ID:** SA11C.12648

Amount of Each Receipt this Period  
3000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9500.00**

**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 / 39  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
National Active and Retired Federal Employees PAC (NARFE-PAC)

Mailing Address 606 N. Washington Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C.12666

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Avenue, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

**Transaction ID:** SA11C.12657

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assn PAC

Mailing Address 1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** SA11C.12661

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**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 19 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
OB-GYNs For Women's Health PAC  
Mailing Address P.O. Box 96920

City State Zip Code  
Washington DC 20090

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** SA11C.12647

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Service Employees International Union PAC  
Mailing Address 1800 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

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

**Transaction ID:** SA11C.12655

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sierra Club PAC  
Mailing Address 730 Polk Street

City State Zip Code  
San Francisco CA 94109

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 8

**Transaction ID:** SA11C.12664

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**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 20 / 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
TRW Good Government Fund

Mailing Address 12001 Tech Center Drive

City Livonia State MI Zip Code 48150

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2008  
**Transaction ID:** SA11C.12660  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
United Pilots PAC/Airline Pilots Association

Mailing Address 9550 W. Higgins Road

City Rosemont State IL Zip Code 60018

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** SA11C.12646  
 Amount of Each Receipt this Period 2500.00

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

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

Mailing Address 104 Wilmot Road

City Deerfield State IL Zip Code 60015

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** SA11C.12640  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

**TOTAL** This Period (last page this line number only) ..... ► 39500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 39
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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

**A.**

Full Name (Last, First, Middle Initial) Franklin Templeton Investments		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
Mailing Address PO Box 33030		<b>Transaction ID:</b> SA15.12616
City St. Petersburg	State FL	Zip Code 33733
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 34.67
Name of Employer	Occupation	Interest & Dividends <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1035.23	

**B.**

Full Name (Last, First, Middle Initial) Park National Bank		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 2958 N. Milwaukee Avenue		<b>Transaction ID:</b> SA15.12617
City Chicago	State IL	Zip Code 60618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 245.54
Name of Employer	Occupation	Interest <input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6177.29	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>280.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>280.21</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12619</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 72.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12618</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 128.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12620</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 458.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

659.20

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Armour, Alex

Transaction ID: SB17.12621  
Date of Disbursement

Mailing Address 4713 Port Clinton

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

City Highland Park State IL Zip Code 60635

Amount of Each Disbursement this Period

1881.24
---------

Purpose of Disbursement

Salary

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AT&T

Transaction ID: SB17.12622  
Date of Disbursement

Mailing Address P.O. Box 27-866

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

City Kansas City State MO Zip Code 64184

Amount of Each Disbursement this Period

470.71
--------

Purpose of Disbursement  
Telephone & Internet Service

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Transaction ID: SB17.12625  
Date of Disbursement

Mailing Address P.O. Box 6428

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

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

420.04
--------

Purpose of Disbursement  
Telephone

Category/  
Type

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2771.99
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12624 <b>Date of Disbursement</b> 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 110.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12623 <b>Date of Disbursement</b> 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 225.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12626 <b>Date of Disbursement</b> 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 180.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

516.40

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12627</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 11.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12628</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 14.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of IL</p> <p>Mailing Address PO Box 1364</p> <p>City Chicago State IL Zip Code 60690</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12629</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 762.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**788.84**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Chase Card Services  Mailing Address PO Box 53084  City Atlanta State GA Zip Code 30353  Purpose of Disbursement Itemized Expenses Listed Below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12563 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 3268.05  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 4610 N. Clark  City Chicago State IL Zip Code 60640  Purpose of Disbursement Office Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12563.0 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 160.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Hilton Chicago  Mailing Address 720 S. Michigan  City Chicago State IL Zip Code 60605  Purpose of Disbursement Parking Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12563.1 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 60.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

3268.05

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)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB17.12563.2 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. Box 36647	Amount of Each Disbursement this Period 461.00
	City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Expenses Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Postmaster of Evanston	Transaction ID: SB17.12563.3 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1101 Davis	Amount of Each Disbursement this Period 218.07
	City Evanston State IL Zip Code 60201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB17.12563.4 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 114.85
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Shipping Candidate Name	<b>[MEMO ITEM]</b>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) America On-line</p> <p>Mailing Address 22000 AOL Way</p> <p>City Dulles State VA Zip Code 20166</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12563.5</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.99"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hamburger Mary's Chicago</p> <p>Mailing Address 5400 N. Clark</p> <p>City Chicago State IL Zip Code 60640</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12563.6</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1036.87"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12563.7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Caucus Room</p> <p>Mailing Address 401 9th Street NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12563.9</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="680.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road #329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement Email Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12563.10</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="79.69"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) J2Fax</p> <p>Mailing Address 6922 Hollywood Blvd., 5th Floor</p> <p>City Los Angeles State CA Zip Code 90028</p> <p>Purpose of Disbursement Fax Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12563.16</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Walgreens Mailing Address 635 Chicago Avenue City Evanston State IL Zip Code 60202 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12563.17 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 8.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Theatre District Park Mailing Address Fullerton & Lake City Chicago State IL Zip Code 60602 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12563.18 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Carmens Pizzeria Mailing Address 1012 Church Street City Evanston State IL Zip Code 60201 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12563.20 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 54.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 1633 Chicago Avenue

City State Zip Code  
Evanston IL 60201

Purpose of Disbursement  
Office Supplies  
Candidate Name

Category/  
Type

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

Transaction ID: SB17.12563.21  
Date of Disbursement

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

Amount of Each Disbursement this Period

144.63
--------

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Westin Tabor Center

Mailing Address 1672 Lawrence Street

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Parking  
Candidate Name

Category/  
Type

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

Transaction ID: SB17.12563.23  
Date of Disbursement

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

Amount of Each Disbursement this Period

18.00
-------

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
System Park

Mailing Address 720 S. Michigan

City State Zip Code  
Chicago IL 60605

Purpose of Disbursement  
Parking  
Candidate Name

Category/  
Type

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

Transaction ID: SB17.12563.24  
Date of Disbursement

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

Amount of Each Disbursement this Period

24.00
-------

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

[MEMO ITEM]

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

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Gersten, Sarah

Mailing Address 3909 N. Sheridan #1H

City Chicago State IL Zip Code 60613

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.12630  
Date of Disbursement

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

Amount of Each Disbursement this Period

3381.25
---------

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

B.

Full Name (Last, First, Middle Initial)  
IL Council Against Handgun Violence

Mailing Address 175 W. Jackson

City Chicago State IL Zip Code 60604

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.12631  
Date of Disbursement

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

Amount of Each Disbursement this Period

133.33
--------

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

C.

Full Name (Last, First, Middle Initial)  
Moneris

Mailing Address 700 E. Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.12632  
Date of Disbursement

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

Amount of Each Disbursement this Period

302.10
--------

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

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

3816.68
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TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Moneris  Mailing Address 700 E. Lake Cook Road  City Buffalo Grove State IL Zip Code 60089  Purpose of Disbursement Credit Card Processing Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12633 Date of Disbursement 10 / 06 / 2008  Amount of Each Disbursement this Period 168.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Park Ridge Chamber of Commerce  Mailing Address 32 Main Street #B  City Park Ridge State IL Zip Code 60068  Purpose of Disbursement Event Tickets Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12634 Date of Disbursement 10 / 02 / 2008  Amount of Each Disbursement this Period 25.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Schakowsky, Jan  Mailing Address P.O. Box 5130  City Evanston State IL Zip Code 60204  Purpose of Disbursement Travel Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12637 Date of Disbursement 10 / 06 / 2008  Amount of Each Disbursement this Period 16.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	209.95
<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)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tuite, Jacque		Transaction ID: SB17.12638	
	Mailing Address 2212 W. Palmer		Date of Disbursement 10 / 15 / 2008	
	City Chicago	State IL	Zip Code 60647	Amount of Each Disbursement this Period 735.00
	Purpose of Disbursement Salary		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

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

735.00

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

12766.11

**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 35 / 39

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
David Edelstein

Transaction ID: SB20A.12763

Date of Disbursement

Mailing Address 2430 Simpson Street

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

City State Zip Code  
Evanston IL 60201

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Contribution Refund

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

2300.00
---------

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

2300.00
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) CMSA/Pedal for Peace  Mailing Address 3023 N. Clark Street #806  City Chicago State IL Zip Code 60657  Purpose of Disbursement Donation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.12639 Date of Disbursement 10 / 03 / 2008  Amount of Each Disbursement this Period 150.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) COLORADO DEMOCRATIC PARTY  Mailing Address 777 Santa Fe Drive  City Denver State CO Zip Code 80204  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.12598 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF NEW MEXICO  Mailing Address 1301 San Pedro Blvd. NE  City Albuquerque State NM Zip Code 87110  Purpose of Disbursement Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.12608 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2150.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KANSAS DEMOCRATIC STATE COMMITTEE

Mailing Address PO Box 1914

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.12600  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Mailing Address PO Box 694

City Frankfort State KY Zip Code 40602

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.12602  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MINNESOTA DEMOCRATIC FARMER LABOR PARTY

Mailing Address 255 East Plato Blvd

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.12604  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

**A. NEW JERSEY DEMOCRATIC STATE COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 196 West State Street

City Trenton State NJ Zip Code 08608

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.12606

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

**B. NORTH CAROLINA DEMOCRATIC PARTY - FEDERAL**

Full Name (Last, First, Middle Initial)

Mailing Address 220 Hillsborough Street

City Raleigh State NC Zip Code 27603

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.12610

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

**C. OHIO DEMOCRATIC PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 340 East Fulton Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.12612

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 39 / 39

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

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NAME OF COMMITTEE (In Full)  
SCHAKOWSKY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) PENNSYLVANIA DEMOCRATIC PARTY <hr/> Mailing Address 300 North Second Street Eighth Floor <hr/> City Harrisburg State PA Zip Code 17101 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.12614 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) STATE DEMOCRATIC EXECUTIVE COMMITTEE OF ALABAMA <hr/> Mailing Address PO Box 950 <hr/> City Montgomery State AL Zip Code 36101 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.12596 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2000.00

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

10150.00