

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

CITIZENS FOR RUSH

ADDRESS (number and street) ▼

P. O. Box 7292

Check if different than previously reported. (ACC)

CHICAGO

IL

60680-7292

2. **FEC IDENTIFICATION NUMBER** ▼

C C00257121

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

IL

01

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 03 / 15 / 2016 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

01 / 01 / 2016 through 02 / 24 / 2016

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 Sheila L. Jackson

Signature of Treasurer Sheila L. Jackson

[Electronically Filed]

Date

03 / 04 / 2016

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
CITIZENS FOR RUSH

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))....	124050.00	309070.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	124050.00	309070.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	86659.39	305639.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	86659.39	305639.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	74673.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25589.43	

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

CITIZENS FOR RUSH

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

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).....	88200.00	93450.00
(ii) Unitemized.....	0.00	270.00
(iii) TOTAL of contributions from individuals ▶	88200.00	93720.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	35850.00	215350.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	124050.00	309070.00
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	124050.00	309070.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	86659.39	305639.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	200.00	9750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	86859.39	315389.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37482.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	124050.00
25. SUBTOTAL (add Line 23 and Line 24).....	161532.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86859.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	74673.24

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

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

FOR LINE NUMBER: PAGE 5 OF 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Jodi Block

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
Self Employed N/A

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17479

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Leslie N. Bluhm

Mailing Address 1300 N. State Parkway
Unit 102

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation
Requested Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17483

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Frank Clark

Mailing Address 1804 Harvard Road

City State Zip Code
Flossmoor IL 60422

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

Name of Employer Occupation
Exelon Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17415

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

8100.00

**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 6 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Joseph D. Gutman

Mailing Address REQUESTED

City: CHICAO State: IL Zip Code: 60600

FEC ID number of contributing federal political committee: C

Name of Employer: GCM Grosvenor Occupation: Managing Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 16 / 2016

Transaction ID : SA11AI.17409

Amount of Each Receipt this Period: 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sheila H. Gutman

Mailing Address Requested

City: Chicago State: IL Zip Code: 60600

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 16 / 2016

Transaction ID : SA11AI.17411

Amount of Each Receipt this Period: 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
David A. Helfand

Mailing Address 1300 N. State Parkway
Unit 102

City: Chicago State: IL Zip Code: 60610

FEC ID number of contributing federal political committee: C

Name of Employer: Requested Occupation: Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 02 / 16 / 2016

Transaction ID : SA11AI.17481

Amount of Each Receipt this Period: 2700.00

Memo Item

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

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

8100.00

**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 7 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Elzie Higginbottom

Mailing Address 1927 N. Burling Street

City Chicago State IL Zip Code 60614

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

Name of Employer East Lake Management and Dev. Corp/ Occupation Chairman/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11AI.17437

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Elzie Higginbottom

Mailing Address 1927 N. Burling Street

City Chicago State IL Zip Code 60614

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

Name of Employer East Lake Management and Dev. Corp/ Occupation Chairman/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11AI.17438

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John T. Hooker

Mailing Address 1201 S. Prairie

City Chicago State IL Zip Code 60605

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

Name of Employer Commonwealth Edison Occupation Senior Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17416

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

**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 8 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Courtney Hull

Mailing Address 709 Palms Blvd

City Venice State CA Zip Code 90291

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

Name of Employer Self Occupation Organizer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.17425

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jeffery Hull

Mailing Address 280 Euclid Ave

City Oakland State CA Zip Code 94610

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2016

Transaction ID : SA11AI.17427

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Kristin Hull

Mailing Address 341 el cerrito ave

City Piedmont State CA Zip Code 94611

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

Name of Employer Metcap Occupation Foundation Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11AI.17423

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

5700.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
M. Blair Hull

Mailing Address 141 W. Jackson Blvd
STE 340

City Chicago State IL Zip Code 60604

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

Name of Employer Self Occupation Business Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17413

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
M. Blair Hull

Mailing Address 141 W. Jackson Blvd
STE 340

City Chicago State IL Zip Code 60604

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

Name of Employer Self Occupation Business Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17414

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jonathan Levin

Mailing Address 1300 N. State Parkway

City Chicago State IL Zip Code 60610

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

Name of Employer CM Grosvenor Occupation Managing Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17485

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

8100.00

**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 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Schuyler Levin

Mailing Address 1300 N. State Parkway

City Chicago State IL Zip Code 60610

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11Al.17487

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Barry A. Malkin

Mailing Address Requested

City Chcago State IL Zip Code 60600

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

Name of Employer GEM Realty Capital Occupation Co-Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11Al.17476

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Karen K. Malkin

Mailing Address Requestedd

City Chicago State IL Zip Code 60600

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

Name of Employer Karen Malkin Health Counseling Occupation Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11Al.17462

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Karen K. Malkin

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
Karen Malkin Health Counseling Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11AI.17464

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stephen J. Malkin

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
Ranger Capital Management LP President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11AI.17459

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephen J. Malkin

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
Ranger Capital Management LP President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11AI.17461

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Jill Goldfine Meister

Mailing Address 1300 N. State Parkway
Unit 1102

City Chicago State IL Zip Code 60610

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17465

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jill Goldfine Meister

Mailing Address 1300 N. State Parkway
Unit 1102

City Chicago State IL Zip Code 60610

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17467

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Paul Meister

Mailing Address 1300 N. State Parkway

City Chicago State IL Zip Code 60610

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

Name of Employer Grosvenor Capital Management Occupation Managing Director and Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17468

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 13 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Paul Meister

Mailing Address 1300 N. State Parkway

City Chicago State IL Zip Code 60610

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

Name of Employer Grosvenor Capital Management Occupation Managing Director and Vice President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17469

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Terry Peterson

Mailing Address 170 W. Polk, #1001

City Chicago State IL Zip Code 60605

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

Name of Employer Chicago Housing Authority Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11AI.17439

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert E. Ryan

Mailing Address 195 N. Harbor Drive
PR 2703

City Chicago State IL Zip Code 60601

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

Name of Employer Comcast Occupation Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2016

Transaction ID : SA11AI.17495

Amount of Each Receipt this Period
500.00

Memo Item

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

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

4200.00

**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 14 OF 70
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Cari B. Sacks

Mailing Address 1425 Waverly Road

City Highland Park State IL Zip Code 60035

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

Name of Employer SELF EMPLOYED Occupation DOMESTIC ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17453

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cari B. Sacks

Mailing Address 1425 Waverly Road

City Highland Park State IL Zip Code 60035

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

Name of Employer SELF EMPLOYED Occupation DOMESTIC ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17455

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Elise Sacks

Mailing Address Requested

City Chicago State IL Zip Code 60600

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

Name of Employer Self Employed Occupation Domestic Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17473

Amount of Each Receipt this Period
 2700.00

Memo Item

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

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

8100.00

**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 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Elise Sacks

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
Self Employed Domestic Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17475

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lee Sacks

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17470

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lee Sacks

Mailing Address Requested

City State Zip Code
Chicago IL 60600

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11AI.17472

Amount of Each Receipt this Period
2700.00

Memo Item

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
Michael J. Sacks

Mailing Address 1425 Waverly Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Grosvenor Capittal Mgmt, L.P. Occupation Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11Al.17456

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michael J. Sacks

Mailing Address 1425 Waverly Road

City Highland Park State IL Zip Code 60035

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

Name of Employer Grosvenor Capittal Mgmt, L.P. Occupation Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11Al.17458

Amount of Each Receipt this Period
 2700.00

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

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

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

5400.00

88200.00

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

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

FOR LINE NUMBER: PAGE 17 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : SA11C.17440

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COMMERCIAL LINES INC. PAC

Mailing Address 1701 EAST MARKET STREET

City JEFFERSONVILLE State IN Zip Code 47130

FEC ID number of contributing federal political committee. **C** C00418269

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11C.17401

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW, 11TH FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : SA11C.17421

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: PAGE 18 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)

Mailing Address 325 7TH STREET NW

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17451

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2016

Transaction ID : SA11C.17418

Amount of Each Receipt this Period
 1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : SA11C.17349

Amount of Each Receipt this Period
 350.00

Memo Item
 In-kind - Costs Associated with Luncheon

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

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

4350.00

**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 19 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17443

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17441

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 Pennsylvania Ave, NW, Ste 560
Suite 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17452

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

8500.00

**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 20 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
IHEARTMEDIA, INC. - CLEAR CHANNEL OUTDOOR PAC

Mailing Address 200 E. BASSE ROAD

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C C00279216**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11C.17406

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street
Suite 600

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17449

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address P.O. BOX 675

City State Zip Code
BOLTON MS 39041

FEC ID number of contributing federal political committee. **C C00411611**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11C.17543

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).....

4500.00

**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 21 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17446

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNITED MINE WORKERS OF AMERICA

Mailing Address 8315 LEE HIGHWAY 5TH FLOOR

City FAIRFAX State VA Zip Code 22031

FEC ID number of contributing federal political committee. **C** C30001291

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17444

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (USTAPAC)

Mailing Address 1401 H STREET NW STE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000984

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11C.17405

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).....

4500.00

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

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

FOR LINE NUMBER: PAGE 22 OF 70
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code
New York NY 10001

FEC ID number of contributing federal political committee. **C C00004861**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17448

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB (FKA BELL ATLANTIC CORPORATION PAC)

Mailing Address 1717 ARCH STREET 47TH FL S

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17445

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WEC ENERGY GROUP PAC

Mailing Address 231 WEST MICHIGAN STREET

City State Zip Code
MILWAUKEE WI 53203

FEC ID number of contributing federal political committee. **C C00099945**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11C.17403

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).....

7500.00

**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 23 OF 70
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11C.17450

Amount of Each Receipt this Period
2500.00

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 M / D 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2500.00

35850.00

**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 24 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 02 / 14 / 2016
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 225.15 <input type="checkbox"/> Memo Item
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Service Fee 003 Category/Type	
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)	Transaction ID : SB17.17429
State: District:		

Full Name (Last, First, Middle Initial) B. African American Tribune		Date of Disbursement MM / DD / YYYY 01 / 16 / 2016
Mailing Address Requested		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Memo Item
City Chicago State IL Zip Code 60600	Purpose of Disbursement AD 004 Category/Type	
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)	Transaction ID : SB17.17511
State: District:		

Full Name (Last, First, Middle Initial) C. Allstate Insurance Company		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address Not Available		Amount of Each Disbursement this Period 111.95 <input type="checkbox"/> Memo Item
City Chicago State IL Zip Code 60600	Purpose of Disbursement Automobile Insurance 001 Category/Type	
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)	Transaction ID : SB17.17393
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	937.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Carl Ankham		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address Requested		Amount of Each Disbursement this Period 450.00
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Photos	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.17551
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. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 175 E. Houston Street Room 7-A-50		Amount of Each Disbursement this Period 350.00
City San Antonio	State TX	
Zip Code 78205	Purpose of Disbursement In-kind - Costs Associated with Luncheon	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.17350
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 109.15
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Memory Card	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.17386
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)	909.15
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 26 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 494.00
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Mobil Telephone Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17391
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. George Atkins		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2016
Mailing Address P.o. Box 707		Amount of Each Disbursement this Period 1000.00
City Mabscott	State WV	
Zip Code 25871	Purpose of Disbursement Services Rendered	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17504
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) c. Best Buy		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address Not Available		Amount of Each Disbursement this Period 523.16
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement EQUIPMENT FOR OFFICE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17633
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).....	1494.00
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 27 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Beverly Management Association			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016	
Mailing Address Requested			Amount of Each Disbursement this Period 14000.00	
City Chicago	State IL	Zip Code 60600	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Rent - January - March		Category/ Type 001	Transaction ID : SB17.17378	
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. Beverly Management Association			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016	
Mailing Address Requested			Amount of Each Disbursement this Period 3500.00	
City Chicago	State IL	Zip Code 60600	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Security Deposit		Category/ Type 001	Transaction ID : SB17.17384	
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) C. BEVERLY RECORDS			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016	
Mailing Address 11612 S. WESTERN			Amount of Each Disbursement this Period 17.96	
City CHICAGO	State IL	Zip Code 60643	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement CD		Category/ Type 007	Transaction ID : SB17.17612	
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).....	17500.00
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 28 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. BizChair.com		Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 4350 Ballground Hwy.		Amount of Each Disbursement this Period 1047.50
City Canton	State GA	
Zip Code 30114	Purpose of Disbursement 50 Folding Chairs for Office	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17557
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. Blue Island McDonalds		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 11920 S. Western Ave.		Amount of Each Disbursement this Period 10.66
City Chicago	State IL	
Zip Code 60406	Purpose of Disbursement Food	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17574
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) c. Blue Island McDonalds		Date of Disbursement MM / DD / YYYY 02 / 06 / 2016
Mailing Address 11920 S. Western Ave.		Amount of Each Disbursement this Period 12.31
City Chicago	State IL	
Zip Code 60406	Purpose of Disbursement Lunch	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17576
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).....	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)		PAGE 29 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. CABLEBUSTER SOLUTIONS			Date of Disbursement MM / DD / YYYY 01 / 19 / 2016	
Mailing Address 1912 CandleLight Circle			Amount of Each Disbursement this Period 200.00	
City Montgomery	State IL	Zip Code 60538	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17630	
Purpose of Disbursement TV MOUNT & ERASER BOARD		Category/ Type 001		
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. Patricia Chatman Person			Date of Disbursement MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 4813 S. Prairie Ave			Amount of Each Disbursement this Period 500.00	
City Chicago	State IL	Zip Code 60615	<input type="checkbox"/> Memo Item Transaction ID : SB17.17519	
Purpose of Disbursement Office Petty Cash		Category/ Type 001		
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) c. Patricia Chatman Person			Date of Disbursement MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 4813 S. Prairie Ave			Amount of Each Disbursement this Period 1000.00	
City Chicago	State IL	Zip Code 60615	<input type="checkbox"/> Memo Item Transaction ID : SB17.17523	
Purpose of Disbursement Reception Expenses		Category/ Type 001		
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)	1500.00
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 30 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Patricia Chatman Person			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016	
Mailing Address 4813 S. Prairie Ave			Amount of Each Disbursement this Period 1000.00	
City Chicago	State IL	Zip Code 60615	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Cash for Office		Candidate Name	Transaction ID : SB17.17550	
Category/Type 001				
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. Patricia Chatman Person			Date of Disbursement MM / DD / YYYY 02 / 18 / 2016	
Mailing Address 4813 S. Prairie Ave			Amount of Each Disbursement this Period 2000.00	
City Chicago	State IL	Zip Code 60615	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Services Rendered- -January, 2016		Candidate Name	Transaction ID : SB17.17326	
Category/Type 001				
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) C. CITGO			Date of Disbursement MM / DD / YYYY 01 / 19 / 2016	
Mailing Address VARIOUS			Amount of Each Disbursement this Period 30.00	
City CHICAGO	State IL	Zip Code 60600	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement GASOLINE		Candidate Name	Transaction ID : SB17.17645	
Category/Type 001				
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)	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 31 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Cort Furniture Rental		Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 161 S. Gary Avenue		Amount of Each Disbursement this Period 2367.85 <input type="checkbox"/> Memo Item
City Carol Stream	State IL	
Zip Code 60188	Purpose of Disbursement Furniture Rental	Transaction ID : SB17.17325
Candidate Name	Category/ Type 001	
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. CubeSmart IL		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 407 East 25th Street		Amount of Each Disbursement this Period 813.00 <input type="checkbox"/> Memo Item
City Chicago	State IL	
Zip Code 60616	Purpose of Disbursement Storage Rental Jan-Mar	Transaction ID : SB17.17383
Candidate Name	Category/ Type 001	
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) C. Dunkin Donuts		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 200 West 63rd Street		Amount of Each Disbursement this Period 25.53 <input checked="" type="checkbox"/> Memo Item
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement food	Transaction ID : SB17.17617
Candidate Name	Category/ Type 001	
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).....	2367.85
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 32 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Dunkin Donuts		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 200 West 63rd Street		Amount of Each Disbursement this Period 11.02
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement FOOD	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17660
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Dust Em Clean		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 548 E. 61st Street		Amount of Each Disbursement this Period 465.00
City Chicago	State IL Zip Code 60637	
Purpose of Disbursement Office and Carpet Cleaning	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17548
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. E-BEY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address Not Available		Amount of Each Disbursement this Period 2401.29
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement Printer, 8 desktop Computers and Software	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17562
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	465.00
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 33 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. E-BEY		Date of Disbursement MM / DD / YYYY 03 / 26 / 2016
Mailing Address Not Available		Amount of Each Disbursement this Period 329.94
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement FOLDING TABLES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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 : SB17.17635
State: District:		

Full Name (Last, First, Middle Initial) B. EGG SHACK		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address VARIOUS		Amount of Each Disbursement this Period 39.62
City LANSING	State IL	
Zip Code 60000	Purpose of Disbursement BREAKFAST	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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 : SB17.17624
State: District:		

Full Name (Last, First, Middle Initial) c. Family Dollar		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 11810 S. Western Ave.		Amount of Each Disbursement this Period 44.65
City Chicago	State IL	
Zip Code 60643	Purpose of Disbursement SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	
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 : SB17.17655
State: District:		

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)		PAGE 34 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Family Dollar		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 11810 S. Western Ave.		Amount of Each Disbursement this Period 0.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17654
City Chicago State IL Zip Code 60643	Purpose of Disbursement SUPPLIES Category/Type 001	
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. Family Dollar		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 11810 S. Western Ave.		Amount of Each Disbursement this Period 1.10 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17620
City Chicago State IL Zip Code 60643	Purpose of Disbursement MISC Category/Type 007	
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) c. Family Dollar		Date of Disbursement MM / DD / YYYY 02 / 07 / 2016
Mailing Address 11810 S. Western Ave.		Amount of Each Disbursement this Period 4.60 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17571
City Chicago State IL Zip Code 60643	Purpose of Disbursement Sweetner Category/Type 001	
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).....	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)	PAGE 35 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Family Dollar		Date of Disbursement MM / DD / YYYY 02 / 11 / 2016
Mailing Address 11810 S. Western Ave.		Amount of Each Disbursement this Period 84.90
City Chicago	State IL Zip Code 60643	
Purpose of Disbursement supplies	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17610
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. FCA - Fossett;s Communications & Alarm Co		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1842 East 79th Street		Amount of Each Disbursement this Period 550.00
City Chicago	State IL Zip Code 60649	
Purpose of Disbursement Telephone Installation	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17524
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. FedExOffie		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 16701 Torence Ave		Amount of Each Disbursement this Period 9.29
City Lansing	State IL Zip Code 60438-6018	
Purpose of Disbursement SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17604
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	550.00
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 36 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. FedExOffie		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 16701 Torence Ave		Amount of Each Disbursement this Period 320.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17587
City Lansing	State IL	
Purpose of Disbursement Supplies	Category/Type 001	
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. FedExOffie		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 16701 Torence Ave		Amount of Each Disbursement this Period 8.70 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17601
City Lansing	State IL	
Purpose of Disbursement SUPPLIES	Category/Type 001	
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) C. Mihael Frazier		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 6715 181st Street		Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.17521
City Tinley Park	State IL	
Purpose of Disbursement Computer Consulting	Category/Type 001	
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).....	320.00
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 37 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Gordon Food Serice Store			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016		
Mailing Address 2330 173rd Street			Amount of Each Disbursement this Period 181.71		
City Lansing	State IL	Zip Code 60438	Purpose of Disbursement SUPPLIES		
Candidate Name		Category/ Type 007	<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)		Transaction ID : SB17.17643		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Gordon Food Serice Store			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016		
Mailing Address 2330 173rd Street			Amount of Each Disbursement this Period 72.83		
City Lansing	State IL	Zip Code 60438	Purpose of Disbursement CANDY		
Candidate Name		Category/ Type 001	<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)		Transaction ID : SB17.17600		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. Gordon Food Serice Store			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2016		
Mailing Address 2330 173rd Street			Amount of Each Disbursement this Period 32.52		
City Lansing	State IL	Zip Code 60438	Purpose of Disbursement Candy		
Candidate Name		Category/ Type 001	<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)		Transaction ID : SB17.17591		
State: _____	District: _____				

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)		PAGE 38 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Grand Events, Inc.		Date of Disbursement MM / DD / YYYY 02 / 07 / 2016
Mailing Address 4828 S. Michigan Ave.		Amount of Each Disbursement this Period 825.00
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement EVENT PLANNER	Category/Type 007	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17509
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Graphic Design		Date of Disbursement MM / DD / YYYY 02 / 06 / 2016
Mailing Address Requested		Amount of Each Disbursement this Period 900.00
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement Services Rendered	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17497
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. HIGH STYLE MARKETING & PR		Date of Disbursement MM / DD / YYYY 01 / 16 / 2016
Mailing Address 47 W. Polk St. Ste. 103		Amount of Each Disbursement this Period 6000.00
City Chicago	State IL Zip Code 60605	
Purpose of Disbursement services rendered	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17388
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7725.00
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 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Home Depot			Date of Disbursement MM / DD / YYYY 01 / 29 / 2016		
Mailing Address 17845 Halsted Street			Amount of Each Disbursement this Period 17.78		
City Homewood	State IL	Zip Code 60430	Category/ Type 001		
Purpose of Disbursement SUOOLIES					
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)		Transaction ID : SB17.17623		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Sheila L. Jackson			Date of Disbursement MM / DD / YYYY 01 / 13 / 2016		
Mailing Address P.O. Box 8443			Amount of Each Disbursement this Period 550.00		
City Chicago	State IL	Zip Code 60680-8443	Category/ Type 001		
Purpose of Disbursement Accounting Serices					
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)		Transaction ID : SB17.17380		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Sheila L. Jackson			Date of Disbursement MM / DD / YYYY 01 / 14 / 2016		
Mailing Address P.O. Box 8443			Amount of Each Disbursement this Period 1000.00		
City Chicago	State IL	Zip Code 60680-8443	Category/ Type 001		
Purpose of Disbursement Cash fr Office Expenses					
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)		Transaction ID : SB17.17514		
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional)	1550.00
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 40 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sheila L. Jackson		Date of Disbursement MM / DD / YYYY 02 / 17 / 2016
Mailing Address P.O. Box 8443		Amount of Each Disbursement this Period 550.00
City Chicago	State IL	
Zip Code 60680-8443	Purpose of Disbursement Services Rendered	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17527
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. JC LIGHT		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 10 N. Ashland		Amount of Each Disbursement this Period 191.37
City LaGrange	State IL	
Zip Code 60525	Purpose of Disbursement Paint and Paint Supplies for Office	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17556
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) c. LeAlan M. Jones		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 4712 S. St. Lawrence 1N		Amount of Each Disbursement this Period 6250.00
City Chicago	State IL	
Zip Code 60615	Purpose of Disbursement Services Rendered	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17518
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).....	6800.00
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 41 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Kentucky Fried Chicken			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2016	
Mailing Address 3808 West Roosevelt Road			Amount of Each Disbursement this Period 15.36	
City Chicago	State IL	Zip Code 60600	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17647	
Purpose of Disbursement FOOD		Category/Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Kevron Printing & Mailing, Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016	
Mailing Address 9831 78th Avenue Unit F			Amount of Each Disbursement this Period 10188.75	
City Hickory Hills	State IL	Zip Code 60457	<input type="checkbox"/> Memo Item Transaction ID : SB17.17323	
Purpose of Disbursement Printing of Yad Signs		Category/Type 004		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. LOCKSMITH			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016	
Mailing Address REQUESTED			Amount of Each Disbursement this Period 250.00	
City CHICAGO	State IL	Zip Code 60600	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17638	
Purpose of Disbursement LOCKS		Category/Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	10188.75
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 42 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address VARIUOS		Amount of Each Disbursement this Period 22.26
City BLUE ISLAND	State IL	
Zip Code 60406	Purpose of Disbursement FOOD	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
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 : SB17.17626
State: District:		

Full Name (Last, First, Middle Initial) B. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address VARIUOS		Amount of Each Disbursement this Period 14.06
City BLUE ISLAND	State IL	
Zip Code 60406	Purpose of Disbursement FOOD	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
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 : SB17.17606
State: District:		

Full Name (Last, First, Middle Initial) C. meijer		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2016
Mailing Address 9200 S Western		Amount of Each Disbursement this Period 20.00
City Evergreen Park	State IL	
Zip Code 60805	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/Type	
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 : SB17.17597
State: District:		

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)		PAGE 43 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Minuteman Press		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 1249 North Clyborn Ave.		Amount of Each Disbursement this Period 1458.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement Printing Category/Type 001	
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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.17520
State: District:		

Full Name (Last, First, Middle Initial) B. Minuteman Press		Date of Disbursement MM / DD / YYYY 02 / 07 / 2016
Mailing Address 1249 North Clyborn Ave.		Amount of Each Disbursement this Period 322.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement Buttons Category/Type 004	
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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.17503
State: District:		

Full Name (Last, First, Middle Initial) C. NAPA Auto Parts		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 11020 S. Western		Amount of Each Disbursement this Period 25.00
City Chcgoll State IL Zip Code 60600	Purpose of Disbursement gasoline Category/Type 001	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17595
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1780.00
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 44 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 5420 S. Lake Park Ave.		Amount of Each Disbursement this Period 295.37
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Office Supplies	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17390
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 17510 S. Halsted Street		Amount of Each Disbursement this Period 315.94
City Homewood	State IL Zip Code 60430	
Purpose of Disbursement SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17632
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 17510 S. Halsted Street		Amount of Each Disbursement this Period 9.81
City Homewood	State IL Zip Code 60430	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17636
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	295.37
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 45 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 01 / 24 / 2016
Mailing Address 5420 S. Lake Park Ave.		Amount of Each Disbursement this Period 677.37
City Chicago	State IL Zip Code 60615	
Purpose of Disbursement Office Equipment and Supplies	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17517
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PEPE'S MEXICAN FOOD		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address VARIOUS		Amount of Each Disbursement this Period 25.28
City TINLEY PARK	State IL Zip Code 60477	
Purpose of Disbursement FOOD	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17652
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. PEPE'S MEXICAN FOOD		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address VARIOUS		Amount of Each Disbursement this Period 27.59
City TINLEY PARK	State IL Zip Code 60477	
Purpose of Disbursement FOOD	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17659
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	677.37
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 46 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. PETE'S FRESH MARKET			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016	
Mailing Address 1963 SIBLEY BLVD			Amount of Each Disbursement this Period 0.00	
City CALUMET CITY	State IL	Zip Code 60409	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17621	
Purpose of Disbursement PLANT		Category/ Type 007		
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. Popeye's Chicken			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016	
Mailing Address 300 East 35th Street			Amount of Each Disbursement this Period 25.37	
City Chicago	State IL	Zip Code 60616	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17648	
Purpose of Disbursement FOOD		Category/ Type 001		
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) c. Popeye's Chicken			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016	
Mailing Address 300 East 35th Street			Amount of Each Disbursement this Period 32.95	
City Chicago	State IL	Zip Code 60616	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17607	
Purpose of Disbursement food		Category/ Type 001		
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).....	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)		PAGE 47 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Quality Logo Products.com			Date of Disbursement MM / DD / YYYY 02 / 08 / 2016	
Mailing Address 724 N. Higgins Ave			Amount of Each Disbursement this Period 1081.22	
City 1aurora	State IL	Zip Code 60506	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Mugs		Category/ Type 004	Transaction ID : SB17.17567	
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. RACO BELL			Date of Disbursement MM / DD / YYYY 01 / 27 / 2016	
Mailing Address VARIOUS			Amount of Each Disbursement this Period 17.81	
City CALUMET CITY	State IL	Zip Code 60409	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement MEAL		Category/ Type 001	Transaction ID : SB17.17618	
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) c. Rent A Center			Date of Disbursement MM / DD / YYYY 01 / 16 / 2016	
Mailing Address 12840 S. ASHLAND			Amount of Each Disbursement this Period 105.59	
City CALUMET CITY	State IL	Zip Code 60827-6308	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Rental of Television and Refrigerator		Category/ Type 001	Transaction ID : SB17.17561	
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).....	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)		PAGE 48 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. BOBBY LEE RUSH		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2016
Mailing Address 3534 SOUTH CALUMET AVE		Amount of Each Disbursement this Period 1000.00
City CHICAGO State IL Zip Code 60653	Purpose of Disbursement Cash for Office	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.17553

Full Name (Last, First, Middle Initial) B. Cora J. Rush		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 4000.00
City Lansing State IL Zip Code 60438	Purpose of Disbursement Office Expenses and Computer Equipment	
Candidate Name	Category/Type 001	<input type="checkbox"/> Memo Item
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 : SB17.17385

Full Name (Last, First, Middle Initial) c. Cora J. Rush		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2016
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 700.00
City Lansing State IL Zip Code 60438	Purpose of Disbursement CASH FOR OFFICE EXPENSES - OPEN HOUSE	
Candidate Name	Category/Type 007	<input type="checkbox"/> Memo Item
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 : SB17.17516

SUBTOTAL of Disbursements This Page (optional).....	5700.00
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 49 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Cora J. Rush			Date of Disbursement MM / DD / YYYY 02 / 07 / 2016	
Mailing Address 18117 Brittany Lane			Amount of Each Disbursement this Period 3500.00	
City Lansing	State IL	Zip Code 60438	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Services Rendered		Category/ Type 001	Transaction ID : SB17.17499	
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. Cora J. Rush			Date of Disbursement MM / DD / YYYY 02 / 07 / 2016	
Mailing Address 18117 Brittany Lane			Amount of Each Disbursement this Period 650.00	
City Lansing	State IL	Zip Code 60438	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Office Petty Cash		Category/ Type 001	Transaction ID : SB17.17500	
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) C. Cora J. Rush			Date of Disbursement MM / DD / YYYY 02 / 18 / 2016	
Mailing Address 18117 Brittany Lane			Amount of Each Disbursement this Period 214.38	
City Lansing	State IL	Zip Code 60438	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payment to Rent-A-Center		Category/ Type 001	Transaction ID : SB17.17328	
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).....	4364.38
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 50 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Marlon Rush		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 4000.00
City Lansing	State IL	
Zip Code 60438	Purpose of Disbursement Campaign Expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17387
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. Marlon Rush		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 800.00
City Lansing	State IL	
Zip Code 60438	Purpose of Disbursement Cash for OFFICE EXPENSES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17515
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) C. Marlon Rush		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 18117 Brittany Lane		Amount of Each Disbursement this Period 6500.00
City Lansing	State IL	
Zip Code 60438	Purpose of Disbursement Services Rendered -Campaign Mgr. Dec. 2015	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.17327
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).....	11300.00
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 51 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2016
Mailing Address 95th & Western		Amount of Each Disbursement this Period 54.02
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement SUPPLIES	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17649
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Sam's Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 95th & Western		Amount of Each Disbursement this Period 30.88
City Chicago	State IL Zip Code 60600	
Purpose of Disbursement cANDY	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17602
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. SHARKS		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 17669 Torrence Ave		Amount of Each Disbursement this Period 21.83
City Lansing	State IL Zip Code 60438	
Purpose of Disbursement Meal - Food	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17579
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)	PAGE 52 OF 70
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. SHARKS			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016		
Mailing Address 17669 Torrence Ave			Amount of Each Disbursement this Period 10.89		
City Lansing		State IL	Zip Code 60438		<input type="checkbox"/> Memo Item
Purpose of Disbursement FOOD			Category/ Type 001		
Candidate Name			Transaction ID : SB17.17603		
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. Shell Gas Station			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016		
Mailing Address not available			Amount of Each Disbursement this Period 200.00		
City Weaton		State IL	Zip Code 60600		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Gasoline			Category/ Type 001		
Candidate Name			Transaction ID : SB17.17573		
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) c. Shell Gas Station			Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016		
Mailing Address not available			Amount of Each Disbursement this Period 20.00		
City Weaton		State IL	Zip Code 60600		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement gasoline			Category/ Type 001		
Candidate Name			Transaction ID : SB17.17609		
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).....	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)		PAGE 53 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Shiller Preyar Law Office			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016	
Mailing Address 601 S. California Avenue			Amount of Each Disbursement this Period 1302.00	
City Chicago	State IL	Zip Code 60612	<input type="checkbox"/> Memo Item	
Purpose of Disbursement LEGAL SERVICES		Category/Type 001		
Candidate Name			Transaction ID : SB17.17288	
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. Speedwa Gasoline			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2016	
Mailing Address Various			Amount of Each Disbursement this Period 26.00	
City Munster	State ID	Zip Code 46321	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement GASOLINE		Category/Type 001		
Candidate Name			Transaction ID : SB17.17651	
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) c. Speedwa Gasoline			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016	
Mailing Address Various			Amount of Each Disbursement this Period 30.00	
City Munster	State ID	Zip Code 46321	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement GASOLINE		Category/Type 001		
Candidate Name			Transaction ID : SB17.17657	
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)	1302.00
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 54 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Speedwa Gasoline		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address Various		Amount of Each Disbursement this Period 25.00
City Munster	State ID	
Zip Code 46321	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
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 : SB17.17593
State: District:		

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 12121S. Western Ave.		Amount of Each Disbursement this Period 37.40
City Chcago	State IL	
Zip Code 60600	Purpose of Disbursement Food for Meeting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
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 : SB17.17581
State: District:		

Full Name (Last, First, Middle Initial) C. TARGET'S		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1155 S. CLARK ST		Amount of Each Disbursement this Period 3.04
City CHICAGO	State IL	
Zip Code 60600	Purpose of Disbursement SUPPLY	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
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 : SB17.17656
State: District:		

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)		PAGE 55 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. TARGET'S		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 1155 S. CLARK ST		Amount of Each Disbursement this Period 108.36
City CHICAGO	State IL	
Zip Code 60600	Purpose of Disbursement SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.17637
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. The Strategy Group, Inc.		Date of Disbursement MM / DD / YYYY 02 / 07 / 2016
Mailing Address 730 N. Franklin		Amount of Each Disbursement this Period 3585.00
City Chicago	State IL	
Zip Code 60654-7205	Purpose of Disbursement Literature	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 006	Transaction ID : SB17.17505
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) c. Tucker Printing		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address REQUESTED		Amount of Each Disbursement this Period 1950.00
City CHICAGO	State IL	
Zip Code 60600	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : SB17.17381
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).....	5535.00
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 56 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ULINE		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2016
Mailing Address P.O. Box 88741		Amount of Each Disbursement this Period 250.38
City Chicago	State IL Zip Code 60680-1741	
Purpose of Disbursement Dry Erase Board	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17559
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. ULINE		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2016
Mailing Address P.O. Box 88741		Amount of Each Disbursement this Period 74.56
City Chicago	State IL Zip Code 60680-1741	
Purpose of Disbursement Supplies	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17586
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Urban Partnership Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address PO Box 19260		Amount of Each Disbursement this Period 10.00
City Chicago	State IL Zip Code 60619-0260	
Purpose of Disbursement Check Cashing Fee	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.17564
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)		PAGE 57 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Urban Partnership Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address PO Box 19260		Amount of Each Disbursement this Period 10.00
City Chicago State IL Zip Code 60619-0260	Purpose of Disbursement SERVICE CHARGE Category/Type 001	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17634
State: District:		

Full Name (Last, First, Middle Initial) B. Urban Partnership Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address PO Box 19260		Amount of Each Disbursement this Period 26.82
City Chicago State IL Zip Code 60619-0260	Purpose of Disbursement Bank Serice Charges Category/Type 001	
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)	<input type="checkbox"/> Memo Item Transaction ID : SB17.17392
State: District:		

Full Name (Last, First, Middle Initial) c. Urban Partnership Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO Box 19260		Amount of Each Disbursement this Period 10.00
City Chicago State IL Zip Code 60619-0260	Purpose of Disbursement Check Cashing Charge Category/Type 001	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17566
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26.82
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 58 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. WALDO COONEYS			Date of Disbursement MM / DD / YYYY 01 / 20 / 2016	
Mailing Address 410 W. 111st Street			Amount of Each Disbursement this Period 63.89	
City Chcago	State IL	Zip Code 60655	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17644	
Purpose of Disbursement PIZZA		Category/ Type 001		
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. WALDO COONEYS			Date of Disbursement MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 410 W. 111st Street			Amount of Each Disbursement this Period 44.29	
City Chcago	State IL	Zip Code 60655	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17615	
Purpose of Disbursement pizza		Category/ Type 001		
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) c. Walgreen's			Date of Disbursement MM / DD / YYYY 01 / 28 / 2016	
Mailing Address VARIOUS			Amount of Each Disbursement this Period 4.52	
City Chicago	State IL	Zip Code 60600	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17658	
Purpose of Disbursement SUPPLY		Category/ Type 001		
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).....	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)		PAGE 59 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Walgreen's		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016
Mailing Address VARIOUS		Amount of Each Disbursement this Period 4.52
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement REFRESHMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
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 : SB17.17664
State: District:		

Full Name (Last, First, Middle Initial) B. Walgreen's		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address VARIOUS		Amount of Each Disbursement this Period 7.64
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement REFRESHMENTS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
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 : SB17.17627
State: District:		

Full Name (Last, First, Middle Initial) c. Walgreen's		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016
Mailing Address VARIOUS		Amount of Each Disbursement this Period 10.06
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement refreshments	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
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 : SB17.17608
State: District:		

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)	PAGE 60 OF 70			
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Walmart			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016		
Mailing Address Various			Amount of Each Disbursement this Period 208.41		
City Chicago	State IL	Zip Code 60600	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17629		
Purpose of Disbursement SUPPLIES		Category/ Type 001			
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. Walmart			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016		
Mailing Address Various			Amount of Each Disbursement this Period 83.18		
City Chicago	State IL	Zip Code 60600	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17666		
Purpose of Disbursement SUPPLIES		Category/ Type 001			
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) C. Walmart			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2016		
Mailing Address Various			Amount of Each Disbursement this Period 134.69		
City Chicago	State IL	Zip Code 60600	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17640		
Purpose of Disbursement SUPPLIES		Category/ Type 002			
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)	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)		PAGE 61 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address Various		Amount of Each Disbursement this Period 79.74
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
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 : SB17.17611
State: District:		

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address Various		Amount of Each Disbursement this Period 15.42
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Rubber Bands	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
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 : SB17.17583
State: District:		

Full Name (Last, First, Middle Initial) C. Walmart		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address Various		Amount of Each Disbursement this Period 7.55
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	001 Category/ Type	
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 : SB17.17585
State: District:		

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)		PAGE 62 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address Various		Amount of Each Disbursement this Period 43.77
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
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 : SB17.17599
State: District:		

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement MM / DD / YYYY 02 / 09 / 2016
Mailing Address Various		Amount of Each Disbursement this Period 14.94
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Batteries & Envelopes	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
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 : SB17.17590
State: District:		

Full Name (Last, First, Middle Initial) C. Wendy's		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address 170 West 162nd Street		Amount of Each Disbursement this Period 11.75
City Chicago	State IL	
Zip Code 60600	Purpose of Disbursement Food Lunch	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
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 : SB17.17577
State: District:		

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)		PAGE 63 OF 70	
	<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)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Will County GIS Department			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016	
Mailing Address 302 N Chicago Street			Amount of Each Disbursement this Period 800.00	
City Joliet	State IL	Zip Code 60432	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.17569	
Purpose of Disbursement MAPS		Category/ Type 006		
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
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) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Category/ Type		
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)	0.00
TOTAL This Period (last page this line number only)	86287.79

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

NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amber, Inn		Nature of Debt (Purpose): Space Rental
Mailing Address 3901 S. Michigan Avenue		
City	State	Zip Code
Chicago	IL	60653

Outstanding Balance Beginning This Period	Transaction ID : SD10.2928	
<input type="text" value="1300.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Apostolic Faith Church		Nature of Debt (Purpose): Refund
Mailing Address 3823 S. Indiana Ave.		
City	State	Zip Code
Chicago	IL	60653

Outstanding Balance Beginning This Period	Transaction ID : SD10.457	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor A T & T		Nature of Debt (Purpose): LONG DISTANCE
Mailing Address Bill Payment Center		
City	State	Zip Code
Chicago	IL	60600

Outstanding Balance Beginning This Period	Transaction ID : SD10.2909	
<input type="text" value="1318.61"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1318.61"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3118.61"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Leah Bloomenthal

Nature of Debt (Purpose):
Office Supplies

Mailing Address 6325 N. Sheridan

City State Zip Code
Chicago IL 60647

Outstanding Balance Beginning This Period
62.40

Transaction ID : SD10.458

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 62.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chubb Group Insurance Companies

Nature of Debt (Purpose):
Insurance

Mailing Address 30 N. LaSalle
Suite 3510

City State Zip Code
Chicago IL 60602

Outstanding Balance Beginning This Period
1910.00

Transaction ID : SD10.2924

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1910.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Citizens for Gary Lapille

Nature of Debt (Purpose):
Refund

Mailing Address P.O. Box 64665

City State Zip Code
Chicago IL 60664-1664

Outstanding Balance Beginning This Period
2000.00

Transaction ID : SD10.459

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2000.00

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

3972.40

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ComEd		Nature of Debt (Purpose): Electricity
Mailing Address Bill Payment Center		
City Chicago	State IL	Zip Code 60600

Outstanding Balance Beginning This Period <input type="text" value="9.96"/>	Transaction ID : SD10.8787	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9.96"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friends of Bobby Rush		Nature of Debt (Purpose): Estimated Debt for Space usage. Actual amount To Be Determined'
Mailing Address P.O. Box 7292		
City Chicago	State IL	Zip Code 60680-7292

Outstanding Balance Beginning This Period <input type="text" value="2100.00"/>	Transaction ID : SD10.16392	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2100.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grainger Terry, Inc.		Nature of Debt (Purpose): Printing & Mailing
Mailing Address 1965 W. Pershing Road Building A, 3rd Floor		
City Chicago	State IL	Zip Code 60609

Outstanding Balance Beginning This Period <input type="text" value="6890.00"/>	Transaction ID : SD10.11451	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6890.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8999.96"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charisse Hodges	Nature of Debt (Purpose): Salary
Mailing Address 3348 S. Giles Ave.	
City State Zip Code Chicago IL 60616	

Outstanding Balance Beginning This Period 850.00	Transaction ID : SD10.460	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Biery Communications	Nature of Debt (Purpose): Public Relations Fee
Mailing Address 435 W. Wisconsin	
City State Zip Code Chicago IL 60614	

Outstanding Balance Beginning This Period 1000.00	Transaction ID : SD10.461	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori Ann Bass & Associates	Nature of Debt (Purpose): Fundraising Fee
Mailing Address 730 N. Franklin	
City State Zip Code Chicago IL 60611	

Outstanding Balance Beginning This Period 94.54	Transaction ID : SD10.462	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 94.54

1) SUBTOTALS This Period This Page (optional)	1944.54
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gil N. McCoy		Nature of Debt (Purpose): Refund
Mailing Address 5210 S. Blackstone		
City	State	Zip Code
Chicago	IL	60615

Outstanding Balance Beginning This Period	Transaction ID : SD10.451	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor People's Energy		Nature of Debt (Purpose): Heating Fuel
Mailing Address Bill Payment Center		
City	State	Zip Code
Chicago	IL	60600

Outstanding Balance Beginning This Period	Transaction ID : SD10.8788	
<input type="text" value="1403.92"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1403.92"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Land Developers		Nature of Debt (Purpose): Office Rent
Mailing Address 7801 S. Cottage Grove		
City	State	Zip Code
Chicago	IL	60619

Outstanding Balance Beginning This Period	Transaction ID : SD10.452	
<input type="text" value="1400.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1400.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3803.92"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trib-Co Construction		Nature of Debt (Purpose): Refund
Mailing Address 500 West Monroe		
City	State	Zip Code
Chicago	IL	60661

Outstanding Balance Beginning This Period	Transaction ID : SD10.453	
<input type="text" value="300.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trilla Stell Drum Corp.		Nature of Debt (Purpose): Refund
Mailing Address 2959 West 47th Street		
City	State	Zip Code
Chicago	IL	60632

Outstanding Balance Beginning This Period	Transaction ID : SD10.454	
<input type="text" value="200.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vision, Health Mgmt Systems		Nature of Debt (Purpose): REfund
Mailing Address 2838 S. Indiana		
City	State	Zip Code
Chicago	IL	60616

Outstanding Balance Beginning This Period	Transaction ID : SD10.455	
<input type="text" value="250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="250.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="750.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

CITIZENS FOR RUSH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Robert Wright

Mailing Address 1212 S. Michigan

City State Zip Code
 Chicago IL 60609

Nature of Debt (Purpose):
 Salary

Outstanding Balance Beginning This Period **Transaction ID : SD10.456**
 3000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	3000.00
2) TOTALS This Period (last page this line number only)	▶	25589.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		25589.43