

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(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 2009 through 03 31 2009

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

Signature of Treasurer Electronically Filed by Melanie R. Cohen Date 04 10 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	185918.50	195068.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	185918.50	193068.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	106975.84	174010.63
(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)).....	106975.84	174010.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	397607.01	
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).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
SCHAKOWSKY FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	136600.00	144850.00
(i) Itemized (use Schedule A).....	13818.50	14718.50
(ii) Unitemized.....	150418.50	159568.50
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	35500.00	35500.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	185918.50	195068.50
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.).....	2691.15	2970.92
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	188609.65	198039.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	106975.84	174010.63
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	2000.00
(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	2000.00
21. OTHER DISBURSEMENTS.....	57775.00	58176.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	164750.84	234186.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	373748.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	188609.65
25. SUBTOTAL (add Line 23 and Line 24).....	562357.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	164750.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	397607.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 5 / 91
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Wendy Abrams		Date of Receipt
	Mailing Address 45 Lakewood Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 30 / 2009
	City	State	Zip Code
	Highland Park	IL	60035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5053
Name of Employer Self-employed		Occupation Volunteer	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Prudence Beidler		Date of Receipt
	Mailing Address 20 S. Stone Gate Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 01 / 10 / 2009
	City	State	Zip Code
	Lake Forest	IL	60045
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4640
Name of Employer Self-employed		Occupation Volunteer	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Charles Benton		Date of Receipt
	Mailing Address 581 Ingleside Park		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 30 / 2009
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5067
Name of Employer Films, Inc		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Susan Berghoef		Date of Receipt
	Mailing Address 2501 Kenilworth Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 3 / 2 0 0 9
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4766
Name of Employer Self-employed		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Janine Berkson		Date of Receipt
	Mailing Address 2430 Simpson		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5024
Name of Employer Evanston Public Library		Occupation Reference Librarian	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2400.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Steve Bernstein		Date of Receipt
	Mailing Address 513 Chicago Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Evanston	IL	60202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5071
Name of Employer Self-employed		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mary Bishop</p> <p>Mailing Address 634 Foster Street</p> <p>City State Zip Code Evanston IL 60201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Marketing</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2009</p> <p>Transaction ID: SA11AI.4969</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Nancie Blatt</p> <p>Mailing Address 370 Park Avenue Apt. D</p> <p>City State Zip Code Highland Park IL 60035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Community Volunteer</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2009</p> <p>Transaction ID: SA11AI.4778</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Nancie Blatt</p> <p>Mailing Address 370 Park Avenue Apt. D</p> <p>City State Zip Code Highland Park IL 60035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Community Volunteer</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2009</p> <p>Transaction ID: SA11AI.5077</p> <p>Amount of Each Receipt this Period 900.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Stephen Blessman

Mailing Address 5415 North Sheridan Road #4806

City State Zip Code
Chicago IL 60640

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Investor

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1500.00

Date of Receipt MM / DD / YYYY
01 / 15 / 2009

Transaction ID: SA11AI.4652

Amount of Each Receipt this Period 1500.00

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

B.

Full Name (Last, First, Middle Initial)
Joseph Block

Mailing Address 549 Michigan Ave.

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. C

Name of Employer Block Steel Corp. Occupation Executive/Owner

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

800.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.5033

Amount of Each Receipt this Period 800.00

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

C.

Full Name (Last, First, Middle Initial)
Patricia Bobb

Mailing Address 833 W. Jackson #200

City State Zip Code
Chicago IL 60610

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1500.00

Date of Receipt MM / DD / YYYY
01 / 26 / 2009

Transaction ID: SA11AI.4666

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) 3800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bill Brandt

Mailing Address 1134 Sheridan Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. C

Name of Employer: Development Specialists, Inc. Occupation: Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.5047

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Bill Brandt

Mailing Address 1134 Sheridan Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. C

Name of Employer: Development Specialists, Inc. Occupation: Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.5048

Amount of Each Receipt this Period
2400.00

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

C. Full Name (Last, First, Middle Initial)
Patrice Brandt

Mailing Address 1134 Sheridan Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. C

Name of Employer: Self-employed Occupation: Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.5050

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) 7200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Patrice Brandt		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 1134 Sheridan Road		Transaction ID: SA11AI.5051
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Self-employed	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4800.00	

B.

Full Name (Last, First, Middle Initial) Gila Bronner		Date of Receipt MM / DD / YYYY 01 / 10 / 2009
Mailing Address 284 Prospect Avenue		Transaction ID: SA11AI.4644
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self-employed	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Gila Bronner		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 284 Prospect Avenue		Transaction ID: SA11AI.4674
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Self-employed	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Gila Bronner		Date of Receipt MM / DD / YYYY 01 / 30 / 2009
Mailing Address 284 Prospect Avenue		Transaction ID: SA11AI.4675
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self-employed	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

B.

Full Name (Last, First, Middle Initial) Amy Coen		Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Mailing Address 1323 E. Capitol Street SE		Transaction ID: SA11AI.4872
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Population Action Interna- tional	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Doris Conant		Date of Receipt MM / DD / YYYY 03 / 11 / 2009
Mailing Address 7346 Green Acres		Transaction ID: SA11AI.5003
City Glenview	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	3100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jerry Conlon	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 1026 S. Knight Avenue	Transaction ID: SA11AI.4734
	City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Chambers Conlon Hartwetter Attorney	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kevin Conlon	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 155 Laurel Avenue	Transaction ID: SA11AI.5055
	City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Conlon Public Strategies Attorney/Strategist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) R. Sue Connolly	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1618 W. Rosehill Drive	Transaction ID: SA11AI.4917
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Northern Trust Bank Senior Vice President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Lester Crown

Mailing Address 222 N. Lasalle , Ste 2000

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Henry Crown Company President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11AI.4878

Amount of Each Receipt this Period
2400.00

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

B.

Full Name (Last, First, Middle Initial)
Pam Crutchfield

Mailing Address 161 E. Chicago Ave., #60N1

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Self-employed Volunteer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.5073

Amount of Each Receipt this Period
1500.00

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

C.

Full Name (Last, First, Middle Initial)
Cuneo Gilbert & LaDuca

Mailing Address 507 C Street, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11AI.4866

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jonathan Cuneo

Mailing Address 507 C Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Cuneo Gilbert & LaDuca LLP Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2009

Transaction ID: SA11AI.4866.0

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Barbara DeCoster

Mailing Address 17 Martha Lane

City Evanston State IL Zip Code 60201

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2009

Transaction ID: SA11AI.4711

Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Janet Diederichs

Mailing Address 445 E. Ohio, Suite 250

City Chicago State IL Zip Code 60611

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

Name of Employer Self-employed Occupation Corporate Communications

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 03 / 24 / 2009

Transaction ID: SA11AI.5035

Amount of Each Receipt this Period 450.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) David Edelstein		Date of Receipt MM / DD / YYYY 03 / 24 / 2009
Mailing Address 2430 Simpson Street		Transaction ID: SA11AI.5026
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Dade Behring	Occupation Senior Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

B.

Full Name (Last, First, Middle Initial) Sharon Eiseman		Date of Receipt MM / DD / YYYY 01 / 26 / 2009
Mailing Address 4236 N. Ashland Avenue		Transaction ID: SA11AI.4662
City Chicago	State IL	Zip Code 60613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer State of Illinois	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

C.

Full Name (Last, First, Middle Initial) Nina Feinberg		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 1501 N. State Parkway, Apt. 16B		Transaction ID: SA11AI.5063
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	4200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Aviva Futorian
Mailing Address 2440 N. Lakeview Avenue
City State Zip Code
Chicago IL 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation Attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009
Transaction ID: SA11AI.4846
Amount of Each Receipt this Period
1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial)
Barbara Gazzolo
Mailing Address 1229 Hinman Ave.
City State Zip Code
Evanston IL 60202
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009
Transaction ID: SA11AI.4764
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial)
Marsha Goldstein
Mailing Address 1585 Tara Lane
City State Zip Code
Lake Forest IL 60045
FEC ID number of contributing federal political committee. **C**
Name of Employer My Kind of Town Occupation Tour Event Planner
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009
Transaction ID: SA11AI.4673
Amount of Each Receipt this Period
1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dietrich Gross

Mailing Address 769 Michigan

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Jupiter Aluminium President and CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11AI.4782

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Julie Howard

Mailing Address 24 W. 735 Merrill Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Navigant Consulting COO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.4945

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Meryl Jaffe

Mailing Address 1050 Park Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Self-employed Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: SA11AI.4720

Amount of Each Receipt this Period
1200.00

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

SUBTOTAL of Receipts This Page (optional) ► **3850.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

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

Mailing Address 33 Sheridan Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Self-employed Occupation
Self-employed Attorney

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: SA11AI.4834

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
James Klutznick

Mailing Address 1260 Astor Street

City State Zip Code
Chicago IL 60610

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

Name of Employer Senior Lifestyle Corp. Occupation
Senior Lifestyle Corp. Real Estate

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.4804

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Judy Klutznick

Mailing Address 1260 N. Astor

City State Zip Code
Chicago IL 60610

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

Name of Employer Self-employed Occupation
Self-employed Homemaker

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.4904

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Andrea Kramer

Mailing Address 227 W. Monroe

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
McDermott Will & Emery Attorney

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 10 / 2009

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period
1500.00

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

B.

Full Name (Last, First, Middle Initial)
Lucy Lehman

Mailing Address 2715 Sheridan Rd.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Self-employed Wholesale Jewelry Importer

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.4902

Amount of Each Receipt this Period
1500.00

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

C.

Full Name (Last, First, Middle Initial)
Margot Levin

Mailing Address 229 E. Lake Shore Drive

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.4931

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3150.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Charles Lewis

Mailing Address 2735 Sheridan Road

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.4979

Amount of Each Receipt this Period 2400.00

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

B.

Full Name (Last, First, Middle Initial)
Astri Lindberg

Mailing Address 2896 Sheridan Place

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
02 / 13 / 2009

Transaction ID: SA11AI.4774

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Lucia Woods Lindley

Mailing Address 1217 Ridge

City State Zip Code
Evanston IL 60202

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Philanthropist & Photographer

Receipt For: 2010 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.5037

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) 4150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sharon Lindstrom
Mailing Address 2020 Lincoln Park W., N. 34-H
City Chicago State IL Zip Code 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Protiviti Occupation Consultant
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 01 / 05 / 2009
Transaction ID: SA11AI.4620
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Little
Mailing Address 260 E. Chestnut #4302
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C**
Name of Employer Brandenburg Industrial Service Co. Occupation President
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt 03 / 11 / 2009
Transaction ID: SA11AI.4927
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas Little
Mailing Address 260 E. Chestnut #4302
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C**
Name of Employer Brandenburg Industrial Service Co. Occupation President
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt 03 / 11 / 2009
Transaction ID: SA11AI.4928
Amount of Each Receipt this Period 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6300.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 22 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Douglas MacDonald

Mailing Address 1214 Grant St.

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Self-employed Landscape Design

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4836

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jack Marco

Mailing Address 2426 Lincolnwood

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Marco Consulting President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.4911

Amount of Each Receipt this Period
2400.00

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

C. Full Name (Last, First, Middle Initial)
Michael Mitzen

Mailing Address 200 East Delaware Place #29B

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Universal American Financial Co. Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4646

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 91
(check only one)

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

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

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Harle Montgomery

Mailing Address 2300 N. Commonwealth #7H

City State Zip Code
Chicago IL 60614

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: SA11AI.4671

Amount of Each Receipt this Period
2250.00

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

B.

Full Name (Last, First, Middle Initial)
Harle Montgomery

Mailing Address 2300 N. Commonwealth #7H

City State Zip Code
Chicago IL 60614

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2009

Transaction ID: SA11AI.4676

Amount of Each Receipt this Period
600.00

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

C.

Full Name (Last, First, Middle Initial)
Harle Montgomery

Mailing Address 2300 N. Commonwealth #7H

City State Zip Code
Chicago IL 60614

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.5084

Amount of Each Receipt this Period
1800.00

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

SUBTOTAL of Receipts This Page (optional) ► **4650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Grace Allen Newton		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 2135 N. Cleveland		Transaction ID: SA11AI.4961
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Self-employed	Occupation Lawyer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Carol (Mickey) Norton		Date of Receipt MM / DD / YYYY 03 / 11 / 2009
Mailing Address 575 W. Madison, #1410- T2		Transaction ID: SA11AI.4999
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer Self-employed	Occupation Commodities Trader	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

C.

Full Name (Last, First, Middle Initial) Nicki Pearson		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
Mailing Address 824 Sheridan		Transaction ID: SA11AI.4705
City Evanston	State IL	Zip Code 60202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rose Hall Montessori School	Occupation Teacher	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	4150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Jennifer Pence

Mailing Address 46 Kensington Garden Square

City London UK W24BQ State ZZ Zip Code

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

Name of Employer Latham & Watkins Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2009

Transaction ID: SA11AI.4828

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Liz Powell

Mailing Address 1000 East Capitol Street NW #4

City Washington State DC Zip Code 20003

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

Name of Employer G2G Consulting Inc. Occupation Principal

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2009

Transaction ID: SA11AI.4909

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Susan Power

Mailing Address 344 W. Wellington

City Chicago State IL Zip Code 60657

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

Name of Employer Self-employed Occupation Novelist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 01 / 05 / 2009

Transaction ID: SA11AI.4624

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Eleanor Revelle

Mailing Address 2815 Lakeside Court

City State Zip Code
Evanston IL 60201

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

Name of Employer Self-employed Occupation
Freelance Writer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: SA11AI.4685

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Dee Robinson

Mailing Address P. O. Box 6096

City State Zip Code
Evanston IL 60204

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

Name of Employer Self-employed Occupation
Business Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 07 / 2009

Transaction ID: SA11AI.4638

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dee Robinson

Mailing Address P. O. Box 6096

City State Zip Code
Evanston IL 60204

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

Name of Employer Self-employed Occupation
Business Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.4907

Amount of Each Receipt this Period
1400.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

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

Mailing Address P. O. Box 6096

City State Zip Code
Evanston IL 60204

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

Name of Employer Self-employed Occupation
Business Manager

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.5101

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Ken Rolling

Mailing Address 2308 Park Pl.

City State Zip Code
Evanston IL 60201

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

Name of Employer Chicago Annenberg Challenge Occupation
Executive Director

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11AI.4832

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Trude Roselle

Mailing Address 484 Rockefeller Road

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Self-employed Occupation
Volunteer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bonnie Rothman

Mailing Address 2020 Lincoln Park W. #33A

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
The Peer Group Marketing Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.4989

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Florence Crown Rothman

Mailing Address 2738 Euclid Park Place

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Nantor, Inc Director

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.5028

Amount of Each Receipt this Period
2400.00

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

C. Full Name (Last, First, Middle Initial)
Florence Crown Rothman

Mailing Address 2738 Euclid Park Place

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Nantor, Inc Director

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 24 / 2009

Transaction ID: SA11AI.5029

Amount of Each Receipt this Period
1100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

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

Mailing Address 2020 N. Lincoln Park West Apt. 33A

City Chicago State IL Zip Code 60614

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

Name of Employer Self-employed Occupation Futures Trader

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2009
Transaction ID: SA11AI.4876

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ed Rothschild

Mailing Address 1001 G Street NW #900E

City Washington State DC Zip Code 20001

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

Name of Employer Podesta/Mattoon Occupation Public Affairs

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2009
Transaction ID: SA11AI.4864

Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Ruth M. Rothstein

Mailing Address 950 N. Michigan Ave #2204

City Chicago State IL Zip Code 60611

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 01 / 15 / 2009
Transaction ID: SA11AI.4656

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Esther Saks</p> <p>Mailing Address 3920 N. Lake Shore Drive, #9S</p> <p>City State Zip Code Chicago IL 60613</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt 01 / 06 / 2009</p> <p>Transaction ID: SA11AI.4632</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Jane Saks</p> <p>Mailing Address 2741 W. Logan Blvd., #2</p> <p>City State Zip Code Chicago IL 60647</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer University Illinois Chicago Occupation Institute Executive Director</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 30 / 2009</p> <p>Transaction ID: SA11AI.5045</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Bettylu Saltzman</p> <p>Mailing Address 415 E. North Water Street #W605-6</p> <p>City State Zip Code Chicago IL 60611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-employed Occupation Activist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt 01 / 10 / 2009</p> <p>Transaction ID: SA11AI.4648</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

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

Mailing Address 4200 West Peterson

City State Zip Code
Chicago IL 60646

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

Name of Employer Alden Management Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2009

Transaction ID: SA11AI.4906

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Julie Schraith

Mailing Address 5942 North Saint Louis

City State Zip Code
Chicago IL 60659

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

Name of Employer Trading Technologies Occupation Director of Support

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2009

Transaction ID: SA11AI.5090

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Penny Bender Sebring

Mailing Address 2735 Sheridan Road

City State Zip Code
Evanston IL 60201

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

Name of Employer University of Chicago Occupation Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: SA11AI.4981

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ashish Sen
 Mailing Address 2557 W. Farewell Avenue
 City Chicago State IL Zip Code 60645
 Date of Receipt 02 / 25 / 2009
 Transaction ID: SA11AI.4808
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer University of Chicago Occupation Professor
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Naomi Senser
 Mailing Address 3611 Bernay Drive
 City Northbrook State IL Zip Code 60062
 Date of Receipt 01 / 05 / 2009
 Transaction ID: SA11AI.4622
 Amount of Each Receipt this Period 2400.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-employed Occupation Homemaker
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Naomi Senser
 Mailing Address 3611 Bernay Drive
 City Northbrook State IL Zip Code 60062
 Date of Receipt 01 / 05 / 2009
 Transaction ID: SA11AI.4860
 Amount of Each Receipt this Period 600.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-employed Occupation Homemaker
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

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

Mailing Address 5737 S. Blackstone Ave

City State Zip Code
Chicago IL 60637

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

Name of Employer Occupation
Constructure Aggregates Corp. Executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: SA11AI.4810

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Joan Shapiro

Mailing Address 5614 S. Dorchester

City State Zip Code
Chicago IL 60637

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

Name of Employer Occupation
Seer Analytics Consultant/Entrepreneur

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
01 / 10 / 2009

Transaction ID: SA11AI.4642

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Nancy Sharp

Mailing Address 7001 Ridgeway Avenue

City State Zip Code
Lincolnwood IL 60712

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

Name of Employer Occupation
Food for Thought Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.5005

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4400.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Catherine Siegel
 Mailing Address 2430 Lakeview Avenue #15N
 City State Zip Code
Chicago IL 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self-employed Social Worker
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt: MM / DD / YYYY
02 / 18 / 2009
Transaction ID: SA11AI.4788
 Amount of Each Receipt this Period: 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Adele Simmons
 Mailing Address 643 W. Arlington
 City State Zip Code
Chicago IL 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Chicago Metropolis 2020 Vice Chair
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt: MM / DD / YYYY
01 / 06 / 2009
Transaction ID: SA11AI.4630
 Amount of Each Receipt this Period: 600.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Adele Simmons
 Mailing Address 643 W. Arlington
 City State Zip Code
Chicago IL 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Chicago Metropolis 2020 Vice Chair
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt: MM / DD / YYYY
01 / 06 / 2009
Transaction ID: SA11AI.4859
 Amount of Each Receipt this Period: 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3250.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 35 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrea Solow
 Mailing Address 900 N. Kingsbury Street #1031
 City State Zip Code
Chicago IL 60610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Attorney
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
 Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11AI.5098
 Amount of Each Receipt this Period: 2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lisa Stewart
 Mailing Address 4619 1/2-B MacArthur Blvd., NW
 City State Zip Code
Washington DC 20007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beacon Consulting Group Occupation Vice President
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt: 03 / 04 / 2009
Transaction ID: SA11AI.4862
 Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donna Stone
 Mailing Address 326 Cedar
 City State Zip Code
Highland Park IL 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Homemaker
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt: 03 / 18 / 2009
Transaction ID: SA11AI.4943
 Amount of Each Receipt this Period: 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ellen Stone-Belic

Mailing Address **418 W. Webster**

City **Chicago** State **IL** Zip Code **60614**

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

Name of Employer **Columbia College** Occupation **Professor**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt **01 / 15 / 2009**
Transaction ID: SA11AI.4658
 Amount of Each Receipt this Period **750.00**

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

B. Full Name (Last, First, Middle Initial)
Jeanne Sullivan

Mailing Address **175 E. Delaware Pl.**

City **Chicago** State **IL** Zip Code **60611**

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

Name of Employer **Self-employed** Occupation **Investments**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2400.00**

Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.5016
 Amount of Each Receipt this Period **2400.00**

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

C. Full Name (Last, First, Middle Initial)
Jeanne Sullivan

Mailing Address **175 E. Delaware Pl.**

City **Chicago** State **IL** Zip Code **60611**

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

Name of Employer **Self-employed** Occupation **Investments**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4800.00**

Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.5074
 Amount of Each Receipt this Period **2400.00**

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

SUBTOTAL of Receipts This Page (optional) ► **5550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Elizabeth Tisdahl		Date of Receipt
	Mailing Address 2 Martha Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Evanston	IL	60201
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4683
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Congaree River		Occupation Investment Analyst	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1600.00		

B.	Full Name (Last, First, Middle Initial) Howard Trienens		Date of Receipt
	Mailing Address 690 Longwood		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	City	State	Zip Code
	Glencoe	IL	60022
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4983
		Amount of Each Receipt this Period	
		<input type="text"/> 2400.00	
Name of Employer Sidley and Austin		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2400.00		

C.	Full Name (Last, First, Middle Initial) Howard Trienens		Date of Receipt
	Mailing Address 690 Longwood		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Glencoe	IL	60022
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4984
		Amount of Each Receipt this Period	
		<input type="text"/> 2400.00	
Name of Employer Sidley and Austin		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 4800.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 38 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paula Trienens
Mailing Address 690 Longwood
City State Zip Code
Glencoe IL 60022
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation
Homemaker
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2009
Transaction ID: SA11AI.4986
Amount of Each Receipt this Period
2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paula Trienens
Mailing Address 690 Longwood
City State Zip Code
Glencoe IL 60022
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation
Homemaker
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4800.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2009
Transaction ID: SA11AI.4987
Amount of Each Receipt this Period
2400.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Susan White
Mailing Address 510 Bellevue Pl.
City State Zip Code
Alexandria VA 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation
Consultant
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2009
Transaction ID: SA11AI.4874
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 91	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Allison Winton		Date of Receipt																					
	Mailing Address 360 W. Illinois #302		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	0		2	0	0	9														
	City State Zip Code Chicago IL 60610		Transaction ID: SA11AI.4971																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer Radionic Inc.		Occupation Senior Project Manager																						
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00																						
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																								

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	136600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Association for Justice PAC

Mailing Address 1050 - 31st Street NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11C.5111

Amount of Each Receipt this Period: 5000.00

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

B. Full Name (Last, First, Middle Initial)
American College of Radiology Association PAC

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11C.5119

Amount of Each Receipt this Period: 2000.00

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

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

Mailing Address 1120 Connecticut Avenue, NW, Suite

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
03 / 04 / 2009

Transaction ID: SA11C.5127

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 8000.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 91
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Hospital Association PAC
Mailing Address 325 Seventh Street, NW
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1500.00
Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Transaction ID: SA11C.5107
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Nurses Association PAC
Mailing Address 8515 Georgia Avenue #400
City Silver Spring State MD Zip Code 20910
FEC ID number of contributing federal political committee. **C** C00017525
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 03 / 16 / 2009
Transaction ID: SA11C.5140
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Optometric Assoc. PAC
Mailing Address 1505 Prince St., #300
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00024968
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Transaction ID: SA11C.5109
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 91
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

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

Mailing Address 1000 Wilson Boulevard, Suite 1825

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11C.5144

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1310 G Street, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2009

Transaction ID: SA11C.5142

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Communications Workers of America COPE PCC

Mailing Address 501 3rd Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2009

Transaction ID: SA11C.5134

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 91
(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)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CULAC-The PAC OF Credit Union National Association
 Mailing Address 601 Pennsylvania Avenue NW #600
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Transaction ID: SA11C.5121
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Drinker Biddle PAC
 Mailing Address 1500 K Street, NW, Suite 1100
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00370759
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Transaction ID: SA11C.5123
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Hogan & Hartsan PAC
 Mailing Address 555 13th Street NW
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00261339
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Transaction ID: SA11C.5117
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 44 / 91
(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)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Intl. Brotherhood of Boilermakers Campaign Assistance Fund

Mailing Address 753 State Avenue #565

City State Zip Code
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009

Transaction ID: SA11C.5125

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Intl. Brotherhood of Electrical Workers COPE

Mailing Address 1125 15th St, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 24 / 2009

Transaction ID: SA11C.5136

Amount of Each Receipt this Period
 5000.00

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

C. Full Name (Last, First, Middle Initial)
National Association of Health Underwriters PAC (HUPAC)

Mailing Address 2000 N. 14th Street, Suite 450

City State Zip Code
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009

Transaction ID: SA11C.5115

Amount of Each Receipt this Period
 1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 91
(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)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC
Mailing Address 430 N. Michigan Ave.
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C** C00030718
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 24 / 2009
Transaction ID: SA11C.5132
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC
Mailing Address 430 N. Michigan Ave.
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C** C00030718
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11C.5131
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn-PAC
Mailing Address 100 Daingerfield Road
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00030809
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 09 / 2009
Transaction ID: SA11C.5129
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 91
(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)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEA Fund for Children & Public Education
Mailing Address 1201-16th Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2009
Transaction ID: SA11C.5138
 Amount of Each Receipt this Period: 1000.00

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

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

City Washington State DC Zip Code 20090

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 02 / 13 / 2009
Transaction ID: SA11C.5105
 Amount of Each Receipt this Period: 5000.00

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

C. Full Name (Last, First, Middle Initial)
United Auto Workers VCAP
Mailing Address 8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2009
Transaction ID: SA11C.5113
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

TOTAL This Period (last page this line number only) ► 35500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 91
(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)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Devon Bank

Mailing Address 6445 N. Western Avenue

City State Zip Code
Chicago IL 60645

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1946.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 9

Transaction ID: SA15.4452

Amount of Each Receipt this Period
1946.95

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

B.

Full Name (Last, First, Middle Initial)
Park National Bank

Mailing Address 2958 N. Milwaukee Avenue

City State Zip Code
Chicago IL 60618

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
499.27

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 9

Transaction ID: SA15.4448

Amount of Each Receipt this Period
253.73

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

C.

Full Name (Last, First, Middle Initial)
Park National Bank

Mailing Address 2958 N. Milwaukee Avenue

City State Zip Code
Chicago IL 60618

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
752.98

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 3 / 2 0 0 9

Transaction ID: SA15.4450

Amount of Each Receipt this Period
253.71

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

SUBTOTAL of Receipts This Page (optional) ▶ **2454.39**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 91	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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

A.	Full Name (Last, First, Middle Initial) Park National Bank		Date of Receipt
	Mailing Address 2958 N. Milwaukee Avenue		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Chicago	IL	60618
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="911.19"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: SA15.4454
			Amount of Each Receipt this Period
			<input type="text" value="158.21"/>
			Interest
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="158.21"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2612.60"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4458</p> <p>Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 72.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4463</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 554.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4459</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 56.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

683.67

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4460</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 72.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4461</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 554.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4457</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 72.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

699.17

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4462</p> <p>Date of Disbursement 02 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 529.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4455</p> <p>Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 72.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4467</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 513.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1115.53

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4464</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="72.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4465</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="485.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4466</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="72.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="630.02"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ADP Mailing Address 100 N. Northwest Pt. Road City Elk Grove Village State IL Zip Code 60007 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4456 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 485.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Anderson InfoTech Mailing Address 55 E. Washington St. City Chicago State IL Zip Code 60602 Purpose of Disbursement Computer Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4469 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 446.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Armour, Alex Mailing Address 4713 Port Clinton City Highland Park State IL Zip Code 60635 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4474 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1881.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2813.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Armour, Alex <hr/> Mailing Address 4713 Port Clinton <hr/> City Highland Park State IL Zip Code 60635 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4475 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1881.24 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Armour, Alex <hr/> Mailing Address 4713 Port Clinton <hr/> City Highland Park State IL Zip Code 60635 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4471 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1881.24 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Armour, Alex <hr/> Mailing Address 4713 Port Clinton <hr/> City Highland Park State IL Zip Code 60635 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4472 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1881.24 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5643.72

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Armour, Alex</p> <p>Mailing Address 4713 Port Clinton</p> <p>City Highland Park State IL Zip Code 60635</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4473</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1881.24"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Armour, Alex</p> <p>Mailing Address 4713 Port Clinton</p> <p>City Highland Park State IL Zip Code 60635</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4470</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1881.24"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 27-866</p> <p>City Kansas City State MO Zip Code 64184</p> <p>Purpose of Disbursement Telephone & Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4479</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="461.34"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4223.82

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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.4481 Date of Disbursement 02 / 04 / 2009
	Mailing Address P.O. Box 27-866	Amount of Each Disbursement this Period 486.41
	City Kansas City State MO Zip Code 64184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone & Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.4480 Date of Disbursement 03 / 04 / 2009
	Mailing Address P.O. Box 27-866	Amount of Each Disbursement this Period 475.11
	City Kansas City State MO Zip Code 64184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone & Internet Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: SB17.4490 Date of Disbursement 01 / 07 / 2009
	Mailing Address P.O. Box 6428	Amount of Each Disbursement this Period 112.95
	City Carol Stream State IL Zip Code 60197	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1074.47
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6428 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4492 Date of Disbursement 01 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 163.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6428 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4493 Date of Disbursement 01 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 177.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6428 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4487 Date of Disbursement 01 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 374.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

715.99

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4488</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 177.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4491</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 165.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4489</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 117.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

460.61

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6428 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4484 Date of Disbursement 02 / 11 / 2009 <hr/> Amount of Each Disbursement this Period 181.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6428 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4482 Date of Disbursement 03 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 177.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address P.O. Box 6428 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> 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: SB17.4486 Date of Disbursement 03 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 124.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	483.96
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4483</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 176.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4485</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 190.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4494</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 244.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

611.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Bagels & Baguettes</p> <p>Mailing Address 236 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4497</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="323.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 15019</p> <p>City Wilmington State DE Zip Code 19886</p> <p>Purpose of Disbursement Itemized Transactions Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4499</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="624.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 27-866</p> <p>City Kansas City State MO Zip Code 64184</p> <p>Purpose of Disbursement Telephone Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4499.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="577.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

948.11

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) O'Hare International Airport Mailing Address P.O. Box 66142 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4499.1 Date of Disbursement 02 / 25 / 2009	Amount of Each Disbursement this Period 47.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of IL Mailing Address PO Box 1364 City Chicago State IL Zip Code 60690 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4502 Date of Disbursement 02 / 09 / 2009	Amount of Each Disbursement this Period 762.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Broadway 55 LLC Mailing Address 36 W. Rudolf #800 City Chicago State IL Zip Code 60601 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4503 Date of Disbursement 03 / 30 / 2009	Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1962.28
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Chase Card Services Mailing Address PO Box 53084 City Atlanta State GA Zip Code 30353 Purpose of Disbursement Itemized Disbursements Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4280 Date of Disbursement 01 / 10 / 2009	Amount of Each Disbursement this Period 2889.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Postmaster of Evanston Mailing Address 1101 Davis City Evanston State IL Zip Code 60201 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4280.0 Date of Disbursement 01 / 10 / 2009	Amount of Each Disbursement this Period 1050.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Kaufman Bagel & Deli Mailing Address 4905 Dempster Street City Skokie State IL Zip Code 60077 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4280.3 Date of Disbursement 01 / 10 / 2009	Amount of Each Disbursement this Period 255.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2889.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Francesca's Bryn Mawr</p> <p>Mailing Address 1039 W. Bryn Mawr</p> <p>City Chicago State IL Zip Code 60660</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4280.5</p> <p>Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 583.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Firehouse Grill</p> <p>Mailing Address 750 Chicago Avenue</p> <p>City Evanston State IL Zip Code 60202</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4280.13</p> <p>Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 264.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address P.O. Box 6428</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4280.14</p> <p>Date of Disbursement 01 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 177.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Chase Card Services

Mailing Address PO Box 53084

City Atlanta State GA Zip Code 30353

Purpose of Disbursement
Itemized Transactions Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4321
Date of Disbursement

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

Amount of Each Disbursement this Period

2557.49

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

B.

Full Name (Last, First, Middle Initial)
East Bank Club

Mailing Address 500 North Kingsbury

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4321.2
Date of Disbursement

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

Amount of Each Disbursement this Period

1886.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Constant Contact

Mailing Address 1601 Trapelo Road #329

City Waltham State MA Zip Code 02451

Purpose of Disbursement
Email Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4321.3
Date of Disbursement

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

Amount of Each Disbursement this Period

53.13

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2557.49

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Chase Card Services Mailing Address PO Box 53084 City Atlanta State GA Zip Code 30353 Purpose of Disbursement Itemized Transactions Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4344 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 4803.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Postmaster of Evanston Mailing Address 1101 Davis City Evanston State IL Zip Code 60201 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4344.0 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Charlie Palmers Mailing Address 101 Constitution Avenue NW City Washington State DC Zip Code 20001 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4344.5 Date of Disbursement 03 / 09 / 2009 Amount of Each Disbursement this Period 1108.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	4803.25
TOTAL This Period (last page this line number only) ▶	(Empty box for total)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Constant Contact

Mailing Address 1601 Trapelo Road #329

City Waltham State MA Zip Code 02451

Purpose of Disbursement
Email Service
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.4344.7
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Amount of Each Disbursement this Period

53.13

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Kingsmill

Mailing Address 1010 Kingsmill Road

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement
Travel Expenses
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.4344.13
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Amount of Each Disbursement this Period

2706.16

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
East Bank Club

Mailing Address 500 North Kingsbury

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Parking
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB17.4344.16
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	9

Amount of Each Disbursement this Period

5.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Health and Policy Research Group

Mailing Address 29 E. Madison #602

City Chicago State LA Zip Code 60602

Purpose of Disbursement
Event Attendance Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4344.18

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Des Plaines Chamber of Commerce

Mailing Address 1401 E Oakton St.

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement
Membership Dues

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4515

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

225.00

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

C.

Full Name (Last, First, Middle Initial)
Des Plaines Chamber of Commerce

Mailing Address 1401 E Oakton St.

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement
Event Ticket

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4514

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

15.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

240.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Diamond Marketing Solutions <hr/> Mailing Address 280 Madsen Drive <hr/> City State Zip Code Bloomington IL 60108 <hr/> Purpose of Disbursement Mailing Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4517 Date of Disbursement 01 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2263.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Gersten, Sarah <hr/> Mailing Address 3909 N. Sheridan #1H <hr/> City State Zip Code Chicago IL 60613 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4527 Date of Disbursement 01 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 3381.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Gersten, Sarah <hr/> Mailing Address 3909 N. Sheridan #1H <hr/> City State Zip Code Chicago IL 60613 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4526 Date of Disbursement 01 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 3381.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

9025.91

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

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

Transaction ID: SB17.4525
Date of Disbursement

Mailing Address 3909 N. Sheridan #1H

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	9

City Chicago State IL Zip Code 60613

Amount of Each Disbursement this Period

3381.25

Purpose of Disbursement
Salary

--

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

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

Transaction ID: SB17.4529
Date of Disbursement

Mailing Address 3909 N. Sheridan #1H

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

City Chicago State IL Zip Code 60613

Amount of Each Disbursement this Period

3381.25

Purpose of Disbursement
Salary

--

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

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

Transaction ID: SB17.4524
Date of Disbursement

Mailing Address 3909 N. Sheridan #1H

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	0	9

City Chicago State IL Zip Code 60613

Amount of Each Disbursement this Period

3381.25

Purpose of Disbursement
Salary

--

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

10143.75

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Gersten, Sarah</p> <p>Mailing Address 3909 N. Sheridan #1H</p> <p>City Chicago State IL Zip Code 60613</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4528</p> <p>Date of Disbursement MM / DD / YYYY 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 3381.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Hyatt Regency Chicago</p> <p>Mailing Address 161 E. Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4533</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) IL Democratic County Chairmen's Association</p> <p>Mailing Address P.O. Box 3445</p> <p>City Springfield State IL Zip Code 60728</p> <p>Purpose of Disbursement Voter File</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4535</p> <p>Date of Disbursement MM / DD / YYYY 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11381.25

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 72 / 91

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) IL Dept. of Revenue Mailing Address 245 West Roosevelt Road City West Chicago State IL Zip Code 60185 Purpose of Disbursement Income Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4537 Date of Disbursement 03 / 11 / 2009 Amount of Each Disbursement this Period 454.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Illinois Holocaust Museum and Education Center Mailing Address 9603 Woods Drive City Skokie State IL Zip Code 60077 Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4539 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Illinois Holocaust Museum and Education Center Mailing Address 9603 Woods Drive City Skokie State IL Zip Code 60077 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4540 Date of Disbursement 03 / 27 / 2009 Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

929.47

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Lake Research Partners</p> <p>Mailing Address 1730 Rhode Island Ave. NW, #1400</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4552</p> <p>Date of Disbursement 01 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 18102.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Lake Research Partners</p> <p>Mailing Address 1730 Rhode Island Ave. NW, #1400</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4553</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 5954.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Quinlan Design</p> <p>Mailing Address 1947 Somerset #204</p> <p>City Troy State MI Zip Code 48084</p> <p>Purpose of Disbursement Graphic Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4558</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

24507.05

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mid-City Printing	Transaction ID: SB17.4559 Date of Disbursement 02 / 04 / 2009
	Mailing Address 5526 W. Montrose	Amount of Each Disbursement this Period 1296.00
	City Chicago State IL Zip Code 60641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mid-City Printing	Transaction ID: SB17.4560 Date of Disbursement 03 / 02 / 2009
	Mailing Address 5526 W. Montrose	Amount of Each Disbursement this Period 1296.00
	City Chicago State IL Zip Code 60641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mid-City Printing	Transaction ID: SB17.4561 Date of Disbursement 03 / 30 / 2009
	Mailing Address 5526 W. Montrose	Amount of Each Disbursement this Period 3960.00
	City Chicago State IL Zip Code 60641	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6552.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Moneris

Mailing Address 700 E. Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.4562
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Amount of Each Disbursement this Period

88.80

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

B.

Full Name (Last, First, Middle Initial)
Moneris

Mailing Address 700 E. Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.4563
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	9

Amount of Each Disbursement this Period

36.95

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

C.

Full Name (Last, First, Middle Initial)
Moneris

Mailing Address 700 E. Lake Cook Road

City Buffalo Grove State IL Zip Code 60089

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.4565
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

Amount of Each Disbursement this Period

398.93

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

SUBTOTAL of Disbursements This Page (optional) ►

524.68

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Moneris Mailing Address 700 E. Lake Cook Road City Buffalo Grove State IL Zip Code 60089 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4566 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9 Amount of Each Disbursement this Period 36.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Moneris Mailing Address 700 E. Lake Cook Road City Buffalo Grove State IL Zip Code 60089 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4564 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 323.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Moneris Mailing Address 700 E. Lake Cook Road City Buffalo Grove State IL Zip Code 60089 Purpose of Disbursement Credit Card Processing Fees Candidate Name 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: SB17.4567 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 36.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

396.91

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Park Ridge Chamber of Commerce</p> <p>Mailing Address 32 Main Street #B</p> <p>City Park Ridge State IL Zip Code 60068</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4572</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Postmaster of Evanston</p> <p>Mailing Address 1101 Davis</p> <p>City Evanston State IL Zip Code 60201</p> <p>Purpose of Disbursement Post Box Rental Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4573</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 72.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Reyna, Fernando</p> <p>Mailing Address 1915 W. Summerdale</p> <p>City Chicago State IL Zip Code 60640</p> <p>Purpose of Disbursement Office Cleaning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4574</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 140.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	237.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Skokie Chamber of Commerce Mailing Address 5102 Oakton City Skokie State IL Zip Code 60077 Purpose of Disbursement Membership Dues Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4582 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9 Amount of Each Disbursement this Period 210.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Travelers Mailing Address CL&Speciality Remittance Center City Hartford State CT Zip Code 06183 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4587 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9 Amount of Each Disbursement this Period 615.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Tuite, Jacque Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4593 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 735.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1560.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tuite, Jacque Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4588 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9	Amount of Each Disbursement this Period 735.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Tuite, Jacque Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4589 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 735.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Tuite, Jacque Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4590 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 735.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2205.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tuite, Jacque Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4591 Date of Disbursement 03 / 15 / 2009 Amount of Each Disbursement this Period 735.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Tuite, Jacque Mailing Address 2212 W. Palmer City Chicago State IL Zip Code 60647 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4592 Date of Disbursement 03 / 15 / 2009 Amount of Each Disbursement this Period 735.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Wildfire Mailing Address 159 W. Erie City Chicago State IL Zip Code 60654 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4597 Date of Disbursement 03 / 02 / 2009 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2070.00

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

104723.75

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name JOHN H. ADLER Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 03</p>	<p>Transaction ID: SB21.4398</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name MICHAEL A. ARCURI Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 24</p>	<p>Transaction ID: SB21.4400</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 703</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name G. WILLIAM (BIL FOSTER) Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 14</p>	<p>Transaction ID: SB21.4414</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BOCCIERI FOR CONGRESS	Transaction ID: SB21.4402 Date of Disbursement 03 / 24 / 2009
	Mailing Address PO Box 3016	Amount of Each Disbursement this Period 1000.00
	City Alliance State OH Zip Code 44601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution Candidate Name JOHN A BOCCIERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Bonnie Wilson for Assessor	Transaction ID: SB21.4601 Date of Disbursement 02 / 25 / 2009
	Mailing Address P.O. Box 6061	Amount of Each Disbursement this Period 1000.00
	City Evanston State IL Zip Code 60204	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM	Transaction ID: SB21.4404 Date of Disbursement 03 / 24 / 2009
	Mailing Address P.O.Box 2106	Amount of Each Disbursement this Period 1000.00
	City Montgomery State AL Zip Code 36102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution Candidate Name BOBBY NEAL MR. SR. BRIGHT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL SHEA-PORTER FOR CONGRESS

Mailing Address PO Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement Contribution

Candidate Name CAROL SHEA-PORTER

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: NH District: 01

Transaction ID: SB21.4443

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
CHILDERS FOR CONGRESS

Mailing Address PO BOX 177

City BOONEVILLE State MS Zip Code 38829

Purpose of Disbursement Contribution

Candidate Name TRAVIS W CHILDERS

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: MS District: 01

Transaction ID: SB21.4408

Date of Disbursement

03 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
Citizens for Kim Biderman

Mailing Address 8301 Ottawa Avenue

City Niles State IL Zip Code 60714

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21.4603

Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ALAN GRAYSON</p> <p>Mailing Address 8419 OAK PARK ROAD</p> <p>City ORLANDO State FL Zip Code 32819</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ALAN GRAYSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 08</p>	<p>Transaction ID: SB21.4416</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) CURE-Citizens United for Research in Epilepsy</p> <p>Mailing Address 505 North Lake Shore Dr. #4605</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21.4605</p> <p>Date of Disbursement 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 325.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 South Capitol Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Unlimited Transfer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21.4396</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 30000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	31325.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Democrats of Northfield Township</p> <p>Mailing Address 1926 Waukegan Road</p> <p>City Glenview State IL Zip Code 60625</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.4609 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS</p> <p>Mailing Address 650 FOX TRAILS WAY</p> <p>City CINCINNATI State OH Zip Code 45233</p> <p>Purpose of Disbursement Contribution Candidate Name STEVEN L DRIEHAUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.4412 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) EMILY'S LIST</p> <p>Mailing Address 1120 Connecticut Avenue NW Ste 1100</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.4372 Date of Disbursement 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANK KRATOVIL FOR CONGRESS

Mailing Address 222 Main Sail Drive
PO Box 518

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement

Contribution

Candidate Name
FRANK M MR. JR KRATOVIL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB21.4428

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN NYE

Mailing Address PO BOX 68444

City State Zip Code
VIRGINIA BEACH VA 23471

Purpose of Disbursement

Contribution

Candidate Name
GLENN CARLYLE III NYE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 02

Transaction ID: SB21.4437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Full Name (Last, First, Middle Initial)
HALVORSON FOR CONGRESS

Mailing Address PO Box 176

City State Zip Code
Crete IL 60417

Purpose of Disbursement

Contribution

Candidate Name
DEBORAH 'DEBBIE' HALVORSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 11

Transaction ID: SB21.4418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS Mailing Address PO Box 1045 City Erie State PA Zip Code 16512 Purpose of Disbursement Contribution Candidate Name KATHLEEN DAHLKEMPER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.4410 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) KILROY FOR CONGRESS Mailing Address 550 East Walnut Street Ste 305 City Columbus State OH Zip Code 43215 Purpose of Disbursement Contribution Candidate Name MARY JO KILROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.4420 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA Mailing Address PO Box 993 City Prescott State AZ Zip Code 86302 Purpose of Disbursement Contribution Candidate Name ANN KIRKPATRICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.4422 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS Mailing Address P.O. Box 1530 City Biscoe State NC Zip Code 27209 Purpose of Disbursement Contribution Candidate Name LARRY W KISSELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.4424 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) KOSMAS FOR CONGRESS Mailing Address PO Box 1547 City New Smyrna Beach State FL Zip Code 32170 Purpose of Disbursement Contribution Candidate Name SUZANNE KOSMAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.4426 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Maine Township Regular Democratic Organization Mailing Address 6767 N. Milwaukee City Niles State IL Zip Code 60714 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.4616 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ELIZABETH HELEN MARKEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.4430</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) MASSA FOR CONGRESS</p> <p>Mailing Address 60 EAST MARKET STREET SUITE 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ERIC JJ MASSA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.4432</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS</p> <p>Mailing Address P O Box 306</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name WALTER C MINNICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.4435</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A.

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

Transaction ID: SB21.4439

Date of Disbursement

Mailing Address PO BOX 306

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

City IVY State VA Zip Code 22945

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
THOMAS STUART PRICE PERRIELLO

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 05

B.

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

Transaction ID: SB21.4441

Date of Disbursement

Mailing Address PO BOX 100

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

City BATTLE CREEK State MI Zip Code 49016

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
MARK HAMILTON SCHAUER

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 07

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

57225.00
