

# 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

Cadigan for Congress

ADDRESS (number and street) 1001 Green Bay Road

# 210

Check if different than previously reported. (ACC)

Winnetka IL 60093 1721

2. **FEC IDENTIFICATION NUMBER** C00465021

**CITY** STATE ZIP CODE STATE DISTRICT

IL 10

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

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 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 02 02 2010 in the State of IL

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

General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 10 01 2009 through 01 13 2010

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 Suzanne Martin

Signature of Treasurer Electronically Filed by Suzanne Martin Date 04 15 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Cadigan for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	20535.00	58735.11
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20535.00	58735.11
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	34662.05	45457.68
(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)).....	34662.05	45457.68
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	18377.43	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	5000.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Cadigan for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
1	3

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	15750.00	15750.00
(i) Itemized (use Schedule A).....	4535.00	42735.11
(ii) Unitemized.....	20285.00	58485.11
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	250.00	250.00
(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))	20535.00	58735.11
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	100.00	100.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	20635.00	63835.11

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	34662.05	45457.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	34662.05	45457.68

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32404.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	20635.00
25. SUBTOTAL (add Line 23 and Line 24).....	53039.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34662.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18377.43

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 38  
(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)  
Cadigan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hall Adams, Jr.  
Mailing Address 177 Woodley Road  
City State Zip Code  
Winnetka IL 60093-3737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
n/a Retired  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 9  
Transaction ID: A-C256  
Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony j Ashley  
Mailing Address 2108 N Bissell Street  
City State Zip Code  
Chicago IL 60614-4202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Vedder Price Attorney  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 9  
Transaction ID: A-C251  
Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
James R Boyle  
Mailing Address 1454 W Pensacola Avenue  
City State Zip Code  
Chicago IL 60613-1308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Systems Development Integ- Chief Financial Officer  
rat  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9  
Transaction ID: A-C254  
Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael D Connolly</p> <p>Mailing Address 945 Argyle Avenue</p> <p>City State Zip Code Flossmoor IL 60422-1207</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Firefighter Retired</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>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 0 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C171</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. John Didrickson</p> <p>Mailing Address 21301 Prestancia Drive</p> <p>City State Zip Code Mokena IL 60448-8403</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation ECG Financial Advisor</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>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 7 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C180</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Steven J Gavin</p> <p>Mailing Address 200 Lake Street</p> <p>City State Zip Code Glencoe IL 60022-2162</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Winston &amp; Strawn Attorney</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>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C164</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

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

Mailing Address 1163 Heritage Oaks Drive

City Northbrook State IL Zip Code 60062-3820

FEC ID number of contributing federal political committee. C

Name of Employer Kirkland & Ellis LLP Occupation Lawyer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

**Transaction ID:** A-C222

Amount of Each Receipt this Period 500.00

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

Mailing Address 707 E Jules Street

City Arlington Hts State IL Zip Code 60004-4937

FEC ID number of contributing federal political committee. C

Name of Employer Park Ridge Park District Occupation Marketing/PR

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** A-C218

Amount of Each Receipt this Period 200.00

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

Mailing Address 1323 Lancaster Avenue

City St Charles State IL Zip Code 60174-3320

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

**Transaction ID:** A-I273

Amount of Each Receipt this Period 600.00

Inkind: Accounting

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) David A Josephs</p> <p>Mailing Address 20299 N Wallingford Lane</p> <p>City State Zip Code Deer Park IL 60010-3792</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation J.P. Morgan Banker</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>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C253</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. James L Kopecky</p> <p>Mailing Address 190 S. LaSalle Street Suite 850</p> <p>City State Zip Code Chicago IL 60603</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Attorney</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>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C168</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Philip R. O'Connor</p> <p>Mailing Address 1318 W George Street Apt. 3C</p> <p>City State Zip Code Chicago IL 60657-4127</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Pro Active Strategies Consultant</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>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 0 6 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C217</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 38  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lincoln L Ornston

Mailing Address 155 W 68th Street  
Apt. 529

City State Zip Code  
New York NY 10023-5812

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
One Banebridge & Co Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** A-C186

Amount of Each Receipt this Period  
750.00

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

Mailing Address 1734 Ciera Ridge Court N

City State Zip Code  
Saint Charles MO 63303-1347

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Visa Sales

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

**Transaction ID:** A-C179

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John K Rauschenberger

Mailing Address 1220 Morton Avenue

City State Zip Code  
Elgin IL 60120-2208

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Marine Insurance Services CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

**Transaction ID:** A-C177

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven Rauschenberger

Mailing Address 422 N Worth Avenue

City Elgin State IL Zip Code 60123-3451

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

Name of Employer Rauschenberger Partners, LLC Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt 10 / 11 / 2009  
**Transaction ID: A-C128**  
 Amount of Each Receipt this Period 500.00

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

Mailing Address 422 N Worth Avenue

City Elgin State IL Zip Code 60123-3451

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

Name of Employer Rauschenberger Partners, LLC Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt 10 / 21 / 2009  
**Transaction ID: A-C158**  
 Amount of Each Receipt this Period 200.00

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

Mailing Address 150 N Michigan Avenue

City Chicago State IL Zip Code 60601-7553

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 11 / 13 / 2009  
**Transaction ID: A-C242**  
 Amount of Each Receipt this Period 2400.00

**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)  
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FOR LINE NUMBER: PAGE 11 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

**A.** Full Name (Last, First, Middle Initial)  
Patrick G Ryan, Jr.  
Mailing Address 150 N Michigan Avenue  
City Chicago State IL Zip Code 60601-7553  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Inciscent Technologies Occupation President  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2400.00  
Date of Receipt 11 / 13 / 2009  
Transaction ID: A-C241  
Amount of Each Receipt this Period 2400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Curtis B Schreiber  
Mailing Address 41 Indian Hill Road  
City Winnetka State IL Zip Code 60093-3939  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VSA Occupation Art Director  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: A-C157  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Brian Whalen  
Mailing Address 1135 Crestwood Drive  
City Northbrook State IL Zip Code 60062-4420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2400.00  
Date of Receipt 10 / 07 / 2009  
Transaction ID: A-C66  
Amount of Each Receipt this Period 2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 38	
	(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)  
Cadigan for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Brian W Wulf		Date of Receipt	
	Mailing Address 1100 Hummingbird Lane		M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> A-C161
	Grayslake	IL	60030-3410	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer AFC		Occupation VP Sales		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	15750.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

A.

Full Name (Last, First, Middle Initial)  
Citizens for Bill Seith

Mailing Address 917 Cleveland Road

City State Zip Code  
Hinsdale IL 60521-4809

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: A-C166

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	250.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Cadigan for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alphagraphics</p> <p>Mailing Address 3342 Commercial Avenue</p> <p>City Northbrook State IL Zip Code 60062-1909</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Banner</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-108</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="298.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Avenue SE # 8E</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Campaign Software</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-114</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2100.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Avenue SE # 8E</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Transaction Expense</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-290</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.50"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2510.50"/></p>
<p><b>TOTAL</b> 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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) BJB Properties, LLC	Transaction ID: B-E-227 Date of Disbursement 11 / 09 / 2009
	Mailing Address 324 W Touhy Avenue	Amount of Each Disbursement this Period 900.00
	City Park Ridge State IL Zip Code 60068-4205	
	Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BJB Properties, LLC	Transaction ID: B-E-247 Date of Disbursement 11 / 27 / 2009
	Mailing Address 324 W Touhy Avenue	Amount of Each Disbursement this Period 450.00
	City Park Ridge State IL Zip Code 60068-4205	
	Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BJB Properties, LLC	Transaction ID: B-E-271 Date of Disbursement 01 / 11 / 2010
	Mailing Address 324 W Touhy Avenue	Amount of Each Disbursement this Period 675.00
	City Park Ridge State IL Zip Code 60068-4205	
	Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2025.00

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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) CampaignPay Mailing Address 3170 4th Avenue Suite 300 City San Diego State CA Zip Code 92103-5850 Purpose of Disbursement Finance Charge for transaction Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-106 Date of Disbursement 10 / 05 / 2009 Amount of Each Disbursement this Period 81.04 001 Category/Type
B.	Full Name (Last, First, Middle Initial) CampaignPay Mailing Address 3170 4th Avenue Suite 300 City San Diego State CA Zip Code 92103-5850 Purpose of Disbursement Processing fees for contributi Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-292 Date of Disbursement 11 / 03 / 2009 Amount of Each Disbursement this Period 48.53 001 Category/Type
C.	Full Name (Last, First, Middle Initial) CampaignPay Mailing Address 3170 4th Avenue Suite 300 City San Diego State CA Zip Code 92103-5850 Purpose of Disbursement Processing fees for online tra Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-291 Date of Disbursement 11 / 15 / 2009 Amount of Each Disbursement this Period 82.63 001 Category/Type

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

212.20

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Cadigan for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens for Dan Patlak  Mailing Address 113 Berkshire Drive  City Wheeling State IL Zip Code 60090-3956  Purpose of Disbursement Other: Campaign Contribution Candidate Name  Office Sought: <input 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) ▼  State: District:	Transaction ID: B-E-206 Date of Disbursement 11 / 02 / 2009  Amount of Each Disbursement this Period 75.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for Dan Patlak  Mailing Address 113 Berkshire Drive  City Wheeling State IL Zip Code 60090-3956  Purpose of Disbursement Other: Campaign Contribution Candidate Name  Office Sought: <input 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) ▼  State: District:	Transaction ID: B-E-267 Date of Disbursement 12 / 30 / 2009  Amount of Each Disbursement this Period 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Full House Signs  Mailing Address 1 S Eastern Avenue  City Joliet State IL Zip Code 60433-1037  Purpose of Disbursement Advertising: Lapel Stickers Candidate Name  Office Sought: <input 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) ▼  State: District:	Transaction ID: B-E-111 Date of Disbursement 10 / 07 / 2009  Amount of Each Disbursement this Period 264.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>589.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Gorton Community Center  Mailing Address 400 E Illinois Road  City Lake Forest State IL Zip Code 60045-2355  Purpose of Disbursement Campaign Event: Hall Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-283 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9  Amount of Each Disbursement this Period 300.00  Category/Type 007
B.	Full Name (Last, First, Middle Initial) Indiana Insurance  Mailing Address 6281 Tri Ridge Boulevard  City Loveland State OH Zip Code 45140-8345  Purpose of Disbursement Insurance for Campaign Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-205 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 568.00  Category/Type 001
C.	Full Name (Last, First, Middle Initial) Lake County Illinois Republican Federation  Mailing Address 320 Peterson Road  City Libertyville State IL Zip Code 60048-1008  Purpose of Disbursement Other: Event Ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-121 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 9  Amount of Each Disbursement this Period 150.00  Category/Type

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

1018.00

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)  
Cadigan for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lake County Illinois Republican Federation</p> <p>Mailing Address 320 Peterson Road</p> <p>City Libertyville State IL Zip Code 60048-1008</p> <p>Purpose of Disbursement Other: Membership</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-193 <b>Date of Disbursement</b> 10 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 175.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matt Murphy for Illinois</p> <p>Mailing Address 36 W Randolph Street</p> <p>City Chicago State IL Zip Code 60601-3507</p> <p>Purpose of Disbursement Other: Campaign Contribution</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-200 <b>Date of Disbursement</b> 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Trier Republican Organization</p> <p>Mailing Address 519 Park Drive</p> <p>City Kenilworth State IL Zip Code 60043-1082</p> <p>Purpose of Disbursement Advertising: Ad Book</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-115 <b>Date of Disbursement</b> 10 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>004 Category/Type</p>

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

625.00

**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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) New Trier Republican Organization <hr/> Mailing Address 519 Park Drive <hr/> City Kenilworth State IL Zip Code 60043-1082 <hr/> Purpose of Disbursement Event Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-119 Date of Disbursement 10 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 2722 Green Bay Road <hr/> City Evanston State IL Zip Code 60201-1423 <hr/> Purpose of Disbursement Expense Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1 Date of Disbursement 11 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 216.68 <hr/> Category/Type 001 [MEMO ITEM] Subitemization of Daniel Close(11/27/09)
C.	Full Name (Last, First, Middle Initial) Republican Organization of Wheeling Township <hr/> Mailing Address 909 E Rand Road <hr/> City Arlington Heights State IL Zip Code 60004-4009 <hr/> Purpose of Disbursement Membership Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-268 Date of Disbursement 12 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Republicans of Wheeling Township <hr/> Mailing Address 909 E Rand Road <hr/> City Arlington Hts State IL Zip Code 60004-4009 <hr/> Purpose of Disbursement Breakfast Candidate Name <hr/> Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-105 Date of Disbursement 10 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) Republicans of Wheeling Township <hr/> Mailing Address 909 E Rand Road <hr/> City Arlington Hts State IL Zip Code 60004-4009 <hr/> Purpose of Disbursement Membership Candidate Name <hr/> Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-122 Date of Disbursement 10 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) Republicans of Wheeling Township <hr/> Mailing Address 909 E Rand Road <hr/> City Arlington Hts State IL Zip Code 60004-4009 <hr/> Purpose of Disbursement Other: Breakfast Event Candidate Name <hr/> Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-285 Date of Disbursement 12 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 50.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Reverse Spin, LLC Mailing Address 213 W Wesley Street City Wheaton State IL Zip Code 60187-5135 Purpose of Disbursement Advertising: Public Relations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-264 Date of Disbursement 12 / 30 / 2009 Amount of Each Disbursement this Period 2000.00 004 Category/ Type
B.	Full Name (Last, First, Middle Initial) TriMark Screen Printing Mailing Address 710 E Western Avenue City Lombard State IL Zip Code 60148-2005 Purpose of Disbursement Advertising: T-Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-109 Date of Disbursement 10 / 05 / 2009 Amount of Each Disbursement this Period 508.67 004 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mr. William J Cadigan Mailing Address 191 Fuller Lane City Winnetka State IL Zip Code 60093-4212 Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-304 Date of Disbursement 10 / 07 / 2009 Amount of Each Disbursement this Period 274.22 001 Category/ Type  Original vendors exceeding reporting threshold itemized as memo transactions.

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

**2782.89**

**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

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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Mr. William J Cadigan	<b>Transaction ID:</b> B-E-305 Date of Disbursement 10 / 07 / 2009	
	Mailing Address 191 Fuller Lane		
	City Winnetka State IL Zip Code 60093-4212	Amount of Each Disbursement this Period	1149.16
	Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	001 Category/Type	
	Office Sought: <input 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) ▼ State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.	
B.	Full Name (Last, First, Middle Initial) Mr. William J Cadigan	<b>Transaction ID:</b> B-E-64 Date of Disbursement 10 / 07 / 2009	
	Mailing Address 191 Fuller Lane		
	City Winnetka State IL Zip Code 60093-4212	Amount of Each Disbursement this Period	1283.27
	Purpose of Disbursement Reimbursement for expenses Candidate Name	001 Category/Type	
	Office Sought: <input 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) ▼ State: District:		
C.	Full Name (Last, First, Middle Initial) Mr. William J Cadigan	<b>Transaction ID:</b> B-E-234 Date of Disbursement 10 / 23 / 2009	
	Mailing Address 191 Fuller Lane		
	City Winnetka State IL Zip Code 60093-4212	Amount of Each Disbursement this Period	123.57
	Purpose of Disbursement UPS/Post Office Candidate Name	001 Category/Type	
	Office Sought: <input 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) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2556.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. William J Cadigan

Transaction ID: B-E-228  
Date of Disbursement

Mailing Address 191 Fuller Lane

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

City Winnetka State IL Zip Code 60093-4212

Amount of Each Disbursement this Period

392.78
--------

Purpose of Disbursement  
Campaign Event: Tuscan Market  
Candidate Name

007
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

B.

Full Name (Last, First, Middle Initial)  
Mr. William J Cadigan

Transaction ID: B-E-246  
Date of Disbursement

Mailing Address 191 Fuller Lane

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

City Winnetka State IL Zip Code 60093-4212

Amount of Each Disbursement this Period

449.62
--------

Purpose of Disbursement  
Cell phone reimbursement  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

C.

Full Name (Last, First, Middle Initial)  
Mr. William J Cadigan

Transaction ID: B-E-308  
Date of Disbursement

Mailing Address 191 Fuller Lane

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

City Winnetka State IL Zip Code 60093-4212

Amount of Each Disbursement this Period

105.20
--------

Purpose of Disbursement  
Copies, postage  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

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

947.60
--------

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)  
Cadigan for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. William J Cadigan

Transaction ID: B-E-259  
Date of Disbursement

Mailing Address 191 Fuller Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

City Winnetka State IL Zip Code 60093-4212

Amount of Each Disbursement this Period

1406.94
---------

Purpose of Disbursement  
Advertising: Victory Store  
Candidate Name

004
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

B.

Full Name (Last, First, Middle Initial)  
Mr. William J Cadigan

Transaction ID: B-E-260  
Date of Disbursement

Mailing Address 191 Fuller Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

City Winnetka State IL Zip Code 60093-4212

Amount of Each Disbursement this Period

303.70
--------

Purpose of Disbursement  
UPS/Post Office  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. William J Cadigan

Transaction ID: B-E-307  
Date of Disbursement

Mailing Address 191 Fuller Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

City Winnetka State IL Zip Code 60093-4212

Amount of Each Disbursement this Period

225.00
--------

Purpose of Disbursement  
Political Event  
Candidate Name

001
Category/ Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

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

1935.64
---------

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)  
Cadigan for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. William J Cadigan <hr/> Mailing Address 191 Fuller Lane <hr/> City Winnetka State IL Zip Code 60093-4212 <hr/> Purpose of Disbursement Campaign Office Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-266 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 571.89
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close <hr/> Mailing Address 3616 N Paulina Street <hr/> City Chicago State IL Zip Code 60613-3624 <hr/> Purpose of Disbursement Hourly work, half of September Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-103 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 428.57
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close <hr/> Mailing Address 3616 N Paulina Street <hr/> City Chicago State IL Zip Code 60613-3624 <hr/> Purpose of Disbursement Reimburse for Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-104 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 251.02
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1251.48

**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)  
Cadigan for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel Close  Mailing Address 3616 N Paulina Street  City Chicago State IL Zip Code 60613-3624  Purpose of Disbursement Travel: Car Rental Candidate Name  Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-116 Date of Disbursement 10 / 09 / 2009  Amount of Each Disbursement this Period 97.44  Category/Type 002
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel Close  Mailing Address 3616 N Paulina Street  City Chicago State IL Zip Code 60613-3624  Purpose of Disbursement Hourly/Expenses Candidate Name  Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-118 Date of Disbursement 10 / 15 / 2009  Amount of Each Disbursement this Period 1000.00  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel Close  Mailing Address 3616 N Paulina Street  City Chicago State IL Zip Code 60613-3624  Purpose of Disbursement Office Depot/UPS Candidate Name  Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-199 Date of Disbursement 10 / 15 / 2009  Amount of Each Disbursement this Period 35.03  Category/Type 001

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

1132.47

**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)  
Cadigan for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close</p> <p>Mailing Address 3616 N Paulina Street</p> <p>City Chicago State IL Zip Code 60613-3624</p> <p>Purpose of Disbursement Travel: Travel Expenses for Campaign A</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-195</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 194.31</p> <p>Category/Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close</p> <p>Mailing Address 3616 N Paulina Street</p> <p>City Chicago State IL Zip Code 60613-3624</p> <p>Purpose of Disbursement Reimburse Campaign Aide</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-196</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 223.81</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close</p> <p>Mailing Address 3616 N Paulina Street</p> <p>City Chicago State IL Zip Code 60613-3624</p> <p>Purpose of Disbursement Advertising: Printing</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-203</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 592.25</p> <p>Category/Type 004</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

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

1010.37

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close <hr/> Mailing Address 3616 N Paulina Street <hr/> City Chicago State IL Zip Code 60613-3624 <hr/> Purpose of Disbursement Campaign Aide Candidate Name <hr/> Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-201 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close <hr/> Mailing Address 3616 N Paulina Street <hr/> City Chicago State IL Zip Code 60613-3624 <hr/> Purpose of Disbursement Campaign Expenses Candidate Name <hr/> Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-202 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 306.84
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close <hr/> Mailing Address 3616 N Paulina Street <hr/> City Chicago State IL Zip Code 60613-3624 <hr/> Purpose of Disbursement Campaign Event: Campaign Expenses Candidate Name <hr/> Office Sought: <input 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) ▼ State: District:	Transaction ID: B-E-207 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 77.16
	Category/ Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1384.00

**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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Daniel Close	Transaction ID: B-E-245 Date of Disbursement 11 / 11 / 2009
	Mailing Address 3616 N Paulina Street	Amount of Each Disbursement this Period 183.67
	City Chicago State IL Zip Code 60613-3624	
	Purpose of Disbursement Campaign Materials Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Daniel Close	Transaction ID: B-E-229 Date of Disbursement 11 / 17 / 2009
	Mailing Address 3616 N Paulina Street	Amount of Each Disbursement this Period 1015.38
	City Chicago State IL Zip Code 60613-3624	
	Purpose of Disbursement Campaign Aide Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Daniel Close	Transaction ID: B-E-248 Date of Disbursement 11 / 27 / 2009
	Mailing Address 3616 N Paulina Street	Amount of Each Disbursement this Period 219.84
	City Chicago State IL Zip Code 60613-3624	
	Purpose of Disbursement Campaign Expenses Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1418.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close</p> <p>Mailing Address 3616 N Paulina Street</p> <p>City Chicago State IL Zip Code 60613-3624</p> <p>Purpose of Disbursement Computer Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-303</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <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="216.68"/></p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close</p> <p>Mailing Address 3616 N Paulina Street</p> <p>City Chicago State IL Zip Code 60613-3624</p> <p>Purpose of Disbursement Campaign Aide</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-282</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel Close</p> <p>Mailing Address 3616 N Paulina Street</p> <p>City Chicago State IL Zip Code 60613-3624</p> <p>Purpose of Disbursement Campaign Aide</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-281</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <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="1125.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2341.68"/></p>
<p><b>TOTAL</b> 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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Daniel Close	Transaction ID: B-E-280 Date of Disbursement 12 / 29 / 2009
	Mailing Address 3616 N Paulina Street	Amount of Each Disbursement this Period 65.38
	City Chicago State IL Zip Code 60613-3624	
	Purpose of Disbursement Reimburse Campaign Aide Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mr. Daniel Close	Transaction ID: B-E-265 Date of Disbursement 12 / 30 / 2009
	Mailing Address 3616 N Paulina Street	Amount of Each Disbursement this Period 1625.00
	City Chicago State IL Zip Code 60613-3624	
	Purpose of Disbursement Campaign Aide Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Gross	Transaction ID: B-E-189 Date of Disbursement 10 / 27 / 2009
	Mailing Address 2134 Peach Tree Lane	Amount of Each Disbursement this Period 250.00
	City Algonquin State IL Zip Code 60102-5176	
	Purpose of Disbursement Advertising: Photography Candidate Name	004 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1940.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

A.	Full Name (Last, First, Middle Initial) Eleanora Holmes	Transaction ID: B-I-273 Date of Disbursement 01 / 13 / 2010
	Mailing Address 1323 Lancaster Avenue	Amount of Each Disbursement this Period 600.00
	City St Charles State IL Zip Code 60174-3320	
	Purpose of Disbursement Inkind: Accounting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Clayton Jirak	Transaction ID: B-E-197 Date of Disbursement 10 / 19 / 2009
	Mailing Address 3714 N Hermitage Avenue # 2	Amount of Each Disbursement this Period 515.00
	City Chicago State IL Zip Code 60613-3509	
	Purpose of Disbursement Office Help Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Clayton Jirak	Transaction ID: B-E-192 Date of Disbursement 10 / 27 / 2009
	Mailing Address 3714 N Hermitage Avenue # 2	Amount of Each Disbursement this Period 176.00
	City Chicago State IL Zip Code 60613-3509	
	Purpose of Disbursement Office Help Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1291.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Cadigan for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Clayton Jirak</p> <p>Mailing Address 3714 N Hermitage Avenue # 2</p> <p>City Chicago State IL Zip Code 60613-3509</p> <p>Purpose of Disbursement Office Help</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-204</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Clayton Jirak</p> <p>Mailing Address 3714 N Hermitage Avenue # 2</p> <p>City Chicago State IL Zip Code 60613-3509</p> <p>Purpose of Disbursement Office Help</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-230</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="260.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Clayton Jirak</p> <p>Mailing Address 3714 N Hermitage Avenue # 2</p> <p>City Chicago State IL Zip Code 60613-3509</p> <p>Purpose of Disbursement Office Help</p> <p>Candidate Name</p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B-E-249</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="420.00"/></p>

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

**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)  
Cadigan for Congress

A.

Full Name (Last, First, Middle Initial)  
Clayton Jirak

Transaction ID: B-E-270  
Date of Disbursement

Mailing Address 3714 N Hermitage Avenue  
# 2

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

City Chicago State IL Zip Code 60613-3509

Amount of Each Disbursement this Period

60.00
-------

Purpose of Disbursement  
Office Help

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mrs. Suzanne Martin

Transaction ID: B-E-226  
Date of Disbursement

Mailing Address 1356 Greenwood Avenue

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

City Wilmette State IL Zip Code 60091-1624

Amount of Each Disbursement this Period

249.35
--------

Purpose of Disbursement  
Office Furniture

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

C.

Full Name (Last, First, Middle Initial)  
Mrs. Suzanne Martin

Transaction ID: B-E-309  
Date of Disbursement

Mailing Address 1356 Greenwood Avenue

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

City Wilmette State IL Zip Code 60091-1624

Amount of Each Disbursement this Period

50.59
-------

Purpose of Disbursement  
Administrative/Salary/Overhead: Shipping

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

359.94
--------

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)  
Cadigan for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Suzanne Martin  Mailing Address 1356 Greenwood Avenue  City Wilmette State IL Zip Code 60091-1624  Purpose of Disbursement Petty Cash Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-302 Date of Disbursement 12 / 26 / 2009  Amount of Each Disbursement this Period 4.86  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Dan Patlak  Mailing Address 113 Berkshire Drive  City Wheeling State IL Zip Code 60090-3956  Purpose of Disbursement Campaign Management Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-110 Date of Disbursement 10 / 07 / 2009  Amount of Each Disbursement this Period 1500.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Dan Patlak  Mailing Address 113 Berkshire Drive  City Wheeling State IL Zip Code 60090-3956  Purpose of Disbursement Campaign Management Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-225 Date of Disbursement 11 / 02 / 2009  Amount of Each Disbursement this Period 1500.00  001 Category/ Type

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

3004.86

**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)  
Cadigan for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Dan Patlak

Transaction ID: B-E-250  
Date of Disbursement

Mailing Address 113 Berkshire Drive

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

City Wheeling State IL Zip Code 60090-3956

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign Management

001
Category/ Type

1500.00
---------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Michael Wilson

Transaction ID: B-E-113  
Date of Disbursement

Mailing Address 1070 Baytowne Drive Apt. 26

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City Champaign State IL Zip Code 61822-7930

Amount of Each Disbursement this Period

Purpose of Disbursement  
Web-Design

001
Category/ Type

450.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Michael Wilson

Transaction ID: B-E-269  
Date of Disbursement

Mailing Address 1070 Baytowne Drive Apt. 26

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

City Champaign State IL Zip Code 61822-7930

Amount of Each Disbursement this Period

Purpose of Disbursement  
Website Development

001
Category/ Type

300.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

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

2250.00
---------

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

34171.90
----------

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Cadigan for Congress

**Transaction ID: SC/10-L1**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mr. William J Cadigan - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ P2009
Mailing Address 191 Fuller Lane	
City Winnetka State IL ZIP Code 60093-4212	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM DD YY 09 01 2009	Date Due None	Interest Rate 0 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Mr. William J Cadigan	Name of Employer Self
Mailing Address 191 Fuller Lane	Occupation Attorney
City Winnetka State IL ZIP Code 60093-4212	Amount Guaranteed Outstanding: 5000.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....	5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.