

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] 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 04 01 2007 through 06 30 2007

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

Signature of Treasurer Electronically Filed by Melanie Rovner Cohen Date 07 12 2007

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	255694.00	559811.04
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	255694.00	558511.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	151188.45	270383.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	22.82	22.82
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	151165.63	270361.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	380463.77	
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).....	3750.00	

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

144425.00

373675.00

(ii) Unitemized.....

56019.00

95261.04

(iii) TOTAL of contributions

200444.00

468936.04

from individuals..... ▶

125.00

125.00

(b) Political Party Committees.....

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

55125.00

90750.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

255694.00

559811.04

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

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

0.00

0.00

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

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

22.82

22.82

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

935.07

3476.05

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

256651.89

563309.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	151188.45	270383.90
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	1300.00
(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	1300.00
21. OTHER DISBURSEMENTS.....	69615.00	139355.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	220803.45	411038.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	344615.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	256651.89
25. SUBTOTAL (add Line 23 and Line 24).....	601267.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	220803.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	380463.77

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate JANICE D SCHAKOWSKY		Candidate ID Number H8IL09067
Name of Principal Campaign Committee SCHAKOWSKY FOR CONGRESS		Committee ID Number C C00327023
Committee Address P.O. BOX 5130		
City EVANSTON	State IL	ZIP 60204
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	518359.91	44950.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	518359.91	44950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hope Abels		Date of Receipt M M / D D / Y Y Y Y Y 04 / 12 / 2007
Mailing Address 2110 Central Street		Transaction ID: SA11A1.6677
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Prairie Shore Properties	Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Wendy Abrams		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2007
Mailing Address 45 Lakewood Place		Transaction ID: SA11A1.6452
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Self-employed	Occupation Volunteer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Wendy Abrams		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2007
Mailing Address 45 Lakewood Place		Transaction ID: SA11A1.6453
City Highland Park	State IL	Zip Code 60035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Self-employed	Occupation Volunteer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	4725.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 134
	<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

Full Name (Last, First, Middle Initial) A. Rinat Ahmetshin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 1529 Vermont Ave. NW		Transaction ID: SA11A1.6714	
City State Zip Code Washington IL 20005	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer International Eurasian In-stitu Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Muhammad Akhtar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 9202 Falling Water West		Transaction ID: SA11A1.6718	
City State Zip Code Burr Ridge IL 60527	Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer RNA Corporation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Akhtar Ali		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 126 Kraml Drive		Transaction ID: SA11A1.6720	
City State Zip Code Burr Ridge IL 60527	Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer RNA Corporation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 134
	<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

Full Name (Last, First, Middle Initial) A. Amanda Amert		Date of Receipt MM / DD / YYYY 06 / 28 / 2007
Mailing Address 330 N. Wabash Avenue		Transaction ID: SA11A1.6459
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jenner & Block	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mark Anderson		Date of Receipt MM / DD / YYYY 05 / 09 / 2007
Mailing Address 542 S. Washington		Transaction ID: SA11A1.6722
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer City of Park Ridge	Occupation Alderman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Nancy Aque		Date of Receipt MM / DD / YYYY 04 / 13 / 2007
Mailing Address 2033 North Howe		Transaction ID: SA11A1.6770
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Integro	Occupation Manager of Chicago Office	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 134
	<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

Full Name (Last, First, Middle Initial) A. Lynne Baker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 565 Green Bay Road		Transaction ID: SA11A1.6735
City Highland Park	State IL	Zip Code 60035
Amount of Each Receipt this Period 1250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Career Education Corporation	Occupation Media & Public Policy Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Lynne Baker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 565 Green Bay Road		Transaction ID: SA11A1.6393
City Highland Park	State IL	Zip Code 60035
Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Career Education Corporation	Occupation Media & Public Policy Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) C. Marcia Balonick		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 367 Charal Lane		Transaction ID: SA11A1.6739
City Highland Park	State IL	Zip Code 60035
Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Joint Action Committee	Occupation Executive Director	
Receipt For: 2008 <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) ▶	2000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 134
	<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

Full Name (Last, First, Middle Initial) A. Brian Bates		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 1225 W. Eddy Street		Transaction ID: SA11A1.6780
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 1500.00	
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 Self-employed Occupation Self-employed Attorney	Election Cycle-to-Date 1500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Carol Becker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 37 S.h Wabash Avenue, 8th Flr.		Transaction ID: SA11A1.6744
City State Zip Code Chicago IL 60603	Amount of Each Receipt this Period 125.00	
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 Art Institute of Chicago Occupation Vice President & Dean of Faculty	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Prudence Beidler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 20 S. Stone Gate Road		Transaction ID: SA11A1.6746
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 1250.00	
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 Self-employed Occupation Self-employed Volunteer	Election Cycle-to-Date 1250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	2875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 134
	<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

Full Name (Last, First, Middle Initial) A. Deborah Bekken		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 373 W. Geneva Street		Transaction ID: SA11A1.6748	
City State Zip Code Williams Bay WI 53191		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 Field Museum Manager of Sponsored Programs			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Joel Bellows		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2007	
Mailing Address 209 S. LaSalle Street #800		Transaction ID: SA11A1.6752	
City State Zip Code Chicago IL 60603		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 Bellows and Bellows Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Royal Berg		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007	
Mailing Address 33 N. La Salle St., Suite 2310		Transaction ID: SA11A1.6756	
City State Zip Code Chicago IL 60602		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 Self-employed Attorney			
Receipt For: 2008 <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) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 134
	<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

Full Name (Last, First, Middle Initial) A. Sandra Berliant		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 530 Knox		Transaction ID: SA11A1.6788	
City State Zip Code Wilmette IL 60091	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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Stella Black		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 545 W. Aldine #2A		Transaction ID: SA11A1.6793	
City State Zip Code Chicago IL 60657	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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Property Consultant Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Stella Black		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 545 W. Aldine #2A		Transaction ID: SA11A1.6762	
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 125.00		
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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Property Consultant Election Cycle-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 134
	<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

Full Name (Last, First, Middle Initial) A. Patricia Bobb		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address 833 W. Jackson #200		Transaction ID: SA11A1.6800	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self-employed Occupation Self-employed Attorney	Election Cycle-to-Date ▼ 625.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Karen Boehning		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 4300 N. Marine Dr. #705		Transaction ID: SA11A1.6764	
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self-employed Occupation Self-employed Consultant	Election Cycle-to-Date ▼ 1250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gila Bronner		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 401 E. Ontario #4202		Transaction ID: SA11A1.6810	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self-employed Occupation Self-employed Consultant	Election Cycle-to-Date ▼ 1250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 134
	<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) Jean Butzen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 931 Ashland		Transaction ID: SA11A1.6824
City State Zip Code Evanston IL 60202	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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Non-profit Consultant Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Joan Canel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1732 Judson		Transaction ID: SA11A1.6097
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 300.00	
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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Volunteer Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Nora Moreno Cargie		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 3250 West Palmer		Transaction ID: SA11A1.6828
City State Zip Code Chicago IL 60647	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 Boeing Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 134
	<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

Full Name (Last, First, Middle Initial) A. Rashid Chaudary		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 3525 S. Cass Court #506		Transaction ID: SA11A1.6101	
City State Zip Code Oak Brook IL 60523	Amount of Each Receipt this Period 1000.00		
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 RAANI Corp. Occupation Executive	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Mohammed Chaudhary		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 606 Marian Square		Transaction ID: SA11A1.6103	
City State Zip Code Oak Brook IL 60523	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 Self-employed Occupation Physician	Election Cycle-to-Date 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Amjad Chaudhri		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address P.O. Box 18084		Transaction ID: SA11A1.6105	
City State Zip Code Chicago IL 60618	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 Chaudhri Investments Inc. Occupation Business Owner	Election Cycle-to-Date 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 134
	<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) Bashir Chaudry		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 6655 N. Monticello Avenue		Transaction ID: SA11A1.6107
City State Zip Code Lincolnwood IL 60712	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 BCCI Properties LLC Owner	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

B. Full Name (Last, First, Middle Initial) Violet Clark		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 5139 S. University Avenue		Transaction ID: SA11A1.6846
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 625.00	
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 Laner Muchin Attorney	Election Cycle-to-Date 625.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	625.00	

C. Full Name (Last, First, Middle Initial) Dawn Clark Netsch		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 1700 N. Hudson		Transaction ID: SA11A1.6848
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 1000.00	
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 Northwestern University Professor Of Law Emeritus	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1875.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 134
	<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

Full Name (Last, First, Middle Initial) A. Melanie Rovner Cohen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 167 Park Avenue		Transaction ID: SA11A1.6114
City State Zip Code Glencoe IL 60022	Amount of Each Receipt this Period 925.00	
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 Quarles & Brady	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 925.00	

Full Name (Last, First, Middle Initial) B. R. Sue Connolly		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 1707 W. Thorndale Avenue		Transaction ID: SA11A1.6859
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 2150.00	
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 Northern Trust Bank	Occupation Senior Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. R. Sue Connolly		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 1707 W. Thorndale Avenue		Transaction ID: SA11A1.6860
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 350.00	
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 Northern Trust Bank	Occupation Senior Vice President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2650.00	

SUBTOTAL of Receipts This Page (optional) ▶	3425.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 134
	<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)
Kevann Cooke

Mailing Address 1143 S. Plymouth Ct., Unit 111

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation
Counsel Corporation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 09 / 2007

Transaction ID: SA11A1.6122

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)
Carrie Cope

Mailing Address 221 N. Hamlin Avenue

City State Zip Code
Park Ridge IL 60068

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

Name of Employer Occupation
Tressler Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 15 / 2007

Transaction ID: SA11A1.6124

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)
Carmen Corbett

Mailing Address 607 Lake Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Self-employed Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.6864

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)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 134
	<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

Full Name (Last, First, Middle Initial) A. John Corrigan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 4934 S. Cornell Avenue #J		Transaction ID: SA11A1.6126
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 625.00	
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 Self-employed	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) B. Seamus Coyle		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 8 Bedford Ct.		Transaction ID: SA11A1.6128
City State Zip Code Lincolnshire IL 60069	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 Coyle & Associates	Occupation CPA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Patricia Curtner		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 111 W. Monroe		Transaction ID: SA11A1.6872
City State Zip Code Chicago IL 60603	Amount of Each Receipt this Period 2300.00	
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 Chapman & Cutler	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ▶	3175.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 134 (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) Patricia Curtner Mailing Address 111 W. Monroe City State Zip Code Chicago IL 60603 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6873 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	7		200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	2		2	0	0	7														
	200.00																						
Name of Employer Chapman & Cutler Occupation Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2500.00</td> </tr> </table>		2500.00																				
	2500.00																						

B. Full Name (Last, First, Middle Initial) Lynn Cutler Mailing Address 131 S. Dearborn Street City State Zip Code Chicago IL 60603 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6129 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1375.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	7		1375.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	4		2	0	0	7														
	1375.00																						
Name of Employer Holland and Knight Occupation Senior Policy Advisor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1875.00</td> </tr> </table>		1875.00																				
	1875.00																						

C. Full Name (Last, First, Middle Initial) Selma D'Souza Mailing Address 184 Grove Avenue City State Zip Code Des Plaines IL 60016 FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6150 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	7		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	5		2	0	0	7														
	250.00																						
Name of Employer Self-employed Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>		250.00																				
	250.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1825.00</td> </tr> </table>		1825.00
	1825.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 134
	<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

Full Name (Last, First, Middle Initial) A. Deborah Daly		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 333 S. Des Plaines, #310		Transaction ID: SA11A1.6875
City Chicago	State IL	Amount of Each Receipt this Period 250.00
Zip Code 60661	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 Northern Trust	Occupation Bank Officer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Deborah Daly		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 333 S. Des Plaines, #310		Transaction ID: SA11A1.6876
City Chicago	State IL	Amount of Each Receipt this Period 125.00
Zip Code 60661	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 Northern Trust	Occupation Bank Officer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Penelope Daly		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 2501 N. Racine		Transaction ID: SA11A1.6878
City Chicago	State IL	Amount of Each Receipt this Period 250.00
Zip Code 60614	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 Information Requested	Occupation	
Receipt For: 2008 <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)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 134 (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) Barbara DeCoster Mailing Address 17 Martha Lane City State Zip Code Evanston IL 60201 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007 Transaction ID: SA11A1.6379 Amount of Each Receipt this Period 1000.00
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Election Cycle-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial) Lila DiCanio Mailing Address 832 Leyden Lane City State Zip Code Wilmette IL 60091 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007 Transaction ID: SA11A1.6886 Amount of Each Receipt this Period 500.00
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Election Cycle-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial) Linda Dillman Mailing Address 1738 Chicago Ave. City State Zip Code Evanston IL 60201 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2007 Transaction ID: SA11A1.6888 Amount of Each Receipt this Period 250.00
Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 134
	<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

Full Name (Last, First, Middle Initial) A. Karen Dixon		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 70 W. Madison, #3500		Transaction ID: SA11A1.6890	
City State Zip Code Chicago IL 60602	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 Meckler Bulger Tilson Attorney	Election Cycle-to-Date 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Peter Duncan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 343 Dutch Lane		Transaction ID: SA11A1.6898	
City State Zip Code Carlinville IL 68686	Amount of Each Receipt this Period 375.00		
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 Not Employed Student	Election Cycle-to-Date 375.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sharon Eiseman		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 4236 N. Ashland Avenue		Transaction ID: SA11A1.6908	
City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 1250.00		
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 State of Illinois Attorney	Election Cycle-to-Date 1250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1875.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 134
	<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

Full Name (Last, First, Middle Initial) A. Sunny Fischer		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007	
Mailing Address 1114 Mulford Street		Transaction ID: SA11A1.6929	
City State Zip Code Evanston IL 60202	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 Richard H. Driehaus Foundation	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Michael Flesher		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2746 Central Park Avenue		Transaction ID: SA11A1.6164	
City State Zip Code Evanston IL 60201	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 Pfizer Inc.	Occupation Government Relations		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Elaine Fox		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 4452 W. Devon Ave		Transaction ID: SA11A1.6448	
City State Zip Code Lincolnwood IL 60646	Amount of Each Receipt this Period 100.00		
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 Seyfarth Shaw	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 134
	<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)
Merle Freidman

Mailing Address 626 Homewood, Apt. 403

City Highland Park State IL Zip Code 60035

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.6943

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)
Linda Friedman

Mailing Address 321 S. Plymouth Court

City Chicago State IL Zip Code 60604

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

Name of Employer Stowell & Friedman Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.6945

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Linda Friedman

Mailing Address 321 S. Plymouth Court

City Chicago State IL Zip Code 60604

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

Name of Employer Stowell & Friedman Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.6946

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 134
	<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)
Aviva Futorian

Mailing Address 2440 N. Lakeview Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: SA11A1.6174

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)
Ram Gajjela

Mailing Address 8982 Coppergate Road

City State Zip Code
Woodridge IL 60517

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

Name of Employer Occupation
Marstech Solutions Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2007

Transaction ID: SA11A1.6176

Amount of Each Receipt this Period
1250.00

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

C. Full Name (Last, First, Middle Initial)
Mary Gallagher

Mailing Address 2421 W. Ardmore Avenue #2

City State Zip Code
Chicago IL 60659

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

Name of Employer Occupation
Chicago Fed of Labor Workers Project Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2007

Transaction ID: SA11A1.6956

Amount of Each Receipt this Period
375.00

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

SUBTOTAL of Receipts This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 134
	<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

Full Name (Last, First, Middle Initial) A. Lynn Gendleman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 2039C N. Lincoln Avenue		Transaction ID: SA11A1.6964	
City State Zip Code Chicago IL 60614	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 Mark Gendleman MDSC CPA	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Marsha Goldstein		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 1585 Tara Lane		Transaction ID: SA11A1.6981	
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 125.00		
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 My Kind of Town Tour Event Planner	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1375.00		

Full Name (Last, First, Middle Initial) C. Dawn Gonzalez		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 244 S. Clinton Avenue		Transaction ID: SA11A1.6985	
City State Zip Code Oak Park IL 60302	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 Litchfield Cavo Attorney	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 134
	<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) Myra Gordon Mailing Address 2 Kent Road City Normal State IL Zip Code 61761 FEC ID number of contributing federal political committee. C		Date of Receipt <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>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6988 Amount of Each Receipt this Period <table border="1"> <tr> <td>125.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	7	125.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		3	0		2	0	0	7														
125.00																							
Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

B. Full Name (Last, First, Middle Initial) Elizabeth L. Gracie Mailing Address 303 N. Linden Ave. City Oak Park State IL Zip Code 60302 FEC ID number of contributing federal political committee. C		Date of Receipt <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>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6184 Amount of Each Receipt this Period <table border="1"> <tr> <td>2300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	7	2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	5		2	0	0	7														
2300.00																							
Name of Employer O'Keefe Lyons Hynes Occupation Attorney Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>2300.00</td> </tr> </table>	2300.00																				
2300.00																							

C. Full Name (Last, First, Middle Initial) Richard Guthrie Mailing Address 2116 N. Magnolia City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C		Date of Receipt <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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7000 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	2		2	0	0	7														
250.00																							
Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

SUBTOTAL of Receipts This Page (optional)	2675.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 134
	<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

Full Name (Last, First, Middle Initial) A. Susan Gzesh		Date of Receipt MM / DD / YYYY 05 / 16 / 2007
Mailing Address 5830 South Stony Island, #15A		Transaction ID: SA11A1.6190
City Chicago	State IL	Zip Code 60637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Chicago	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Lisa Haag		Date of Receipt MM / DD / YYYY 04 / 13 / 2007
Mailing Address 520 N. Adams Street		Transaction ID: SA11A1.7002
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trustmark Insurance Co.	Occupation Vice President Investments	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sheila Haak		Date of Receipt MM / DD / YYYY 04 / 20 / 2007
Mailing Address 1028 South Washington Ave.		Transaction ID: SA11A1.7004
City Park Ridge	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Editor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 134
	<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) Phoebe Helm Mailing Address 5415 N. Sheridan Rd, Unit 1511 City Chicago State IL Zip Code 60640 FEC ID number of contributing federal political committee. C		Date of Receipt <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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7022 Amount of Each Receipt this Period <table border="1"> <tr> <td>1250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	7	1250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	2		2	0	0	7														
1250.00																							
Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>1250.00</td> </tr> </table>	1250.00																				
1250.00																							

B. Full Name (Last, First, Middle Initial) Maya D. Hennessey Mailing Address 5801 North Sheridan City Chicago State IL Zip Code 60660 FEC ID number of contributing federal political committee. C		Date of Receipt <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>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7024 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	6		2	0	0	7														
250.00																							
Name of Employer IL Dept of ALC Occupation Volunteer/Action Network Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

C. Full Name (Last, First, Middle Initial) Toby Herr Mailing Address 1130 N Lakeshore City Chicago State IL Zip Code 60611 FEC ID number of contributing federal political committee. C		Date of Receipt <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>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7028 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	7		2	0	0	7														
250.00																							
Name of Employer Erikson Instituté Occupation Trustee Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 134
	<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) LeeAnn Hill		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 407 N. Oak		Transaction ID: SA11A1.7035	
City State Zip Code Lexington IL 61753		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 Self-employed Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Nancy Hirsch		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address 1715 W. Rosehill Drive		Transaction ID: SA11A1.7041	
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 Reibman Hoffman Baum Hirsch Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Thomas Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 5510 North Sheridan #10A		Transaction ID: SA11A1.7043	
City State Zip Code Chicago IL 60640		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 State of Illinois Fiscal Officer			
Receipt For: 2008 <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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 134
	<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) Roberta Horwitz Mailing Address 25 East Washington. Ste. 900 City State Zip Code Chicago IL 60602 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: SA11A1.7049 Amount of Each Receipt this Period 1250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Horwitz Horwitz and Associates Occupation Human Resources Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1250.00		

B. Full Name (Last, First, Middle Initial) Polly Jensen Mailing Address 50 East Bellevue Place #1206 City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.6210 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Printing Industry of IL/IN Occupation President and CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Julie Ann Johnson Mailing Address 28W351 Geneva Road City State Zip Code West Chicago IL 60185 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.7063 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Slide Chart Corp. Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2700.00		

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 134
	<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

Full Name (Last, First, Middle Initial) A. Julie Ann Johnson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 28W351 Geneva Road		Transaction ID: SA11A1.7064
City West Chicago	State IL	Amount of Each Receipt this Period 1900.00
Zip Code 60185		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer American Slide Chart Corp.	Occupation CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) B. Ann Kalayil		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 6109 N. Hamilton		Transaction ID: SA11A1.6212
City Chicago	State IL	Amount of Each Receipt this Period 250.00
Zip Code 60659		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer University of Chicago	Occupation Telecommunications	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jackie Kaplan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 2128 W. Summerdale		Transaction ID: SA11A1.7076
City Chicago	State IL	Amount of Each Receipt this Period 250.00
Zip Code 60625		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Development Consultant	
Receipt For: 2008 <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) ▶	2400.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 134
	<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)
Shellie Karno

Mailing Address 1621 West Erie

City State Zip Code
Chicago IL 60622

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

Name of Employer Occupation
Lowis and Gellen Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.7078

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)
Catherine Kelly

Mailing Address 360 E. Randolph Street, #504

City State Zip Code
Chicago IL 60601

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

Name of Employer Occupation
Great Lakes Advisors Director of Sales and Marketing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.7082

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)
Jackie Kendall

Mailing Address 1353 Coneflower

City State Zip Code
Grayslake IL 60030

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

Name of Employer Occupation
Midwest Academy Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.6222

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 134
	<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) Saeed Khan Mailing Address 2203 Foxboro Lane City Naperville State IL Zip Code 60564 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.6224 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Alliant Real Estate Group Occupation Real Estate Developer Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Hazel King Mailing Address 8843 South Oglesby City Chicago State IL Zip Code 60617 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 Transaction ID: SA11A1.6226 Amount of Each Receipt this Period 1250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Occupation Attorney Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		

C. Full Name (Last, First, Middle Initial) Beverly Klaven Mailing Address 406 S.Westdale City Decatur State IL Zip Code 62522 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.7088 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Decatur School Dst 61 Occupation Substitute Teacher Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 134
	<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) Laura Kofoid Mailing Address 3920 Lake Shore Drive #7N City State Zip Code Chicago IL 60613 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.7092 Amount of Each Receipt this Period 625.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Occupation Entrepreneur Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 625.00		

B. Full Name (Last, First, Middle Initial) Nancy Kohn Mailing Address 330 W. Diversey, #1606 City State Zip Code Chicago IL 60657 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.7094 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed Occupation Fundraiser Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Katherine Kollath Mailing Address 214 Hopper Road City State Zip Code Williamstown MA 01267 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.7096 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 134
	<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)
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: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 16 / 2007

Transaction ID: SA11A1.7107

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)
Valerie Krejcie

Mailing Address 4020 W. Kirk

City State Zip Code
Skokie IL 60076

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

Name of Employer Occupation
Self-employed Cartographer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2007

Transaction ID: SA11A1.7111

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)
Ruth Krugly

Mailing Address 922 Pontiac Road

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Schiff Hardin Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 12 / 2007

Transaction ID: SA11A1.7113

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 134
	<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)
Kitty Kurth

Mailing Address 444 N. Wabash, Suite 410

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Kurth Lampe President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: SA11A1.6234

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)
Janine Landow-Esser

Mailing Address 811 West Junior Terrace

City State Zip Code
Chicago IL 60613

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

Name of Employer Occupation
Quarles and Brady Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2007

Transaction ID: SA11A1.7119

Amount of Each Receipt this Period
1250.00

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

C. Full Name (Last, First, Middle Initial)
Anne Lefkovitz

Mailing Address 510 Ridge

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation
School District 65 Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2007

Transaction ID: SA11A1.7129

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)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 134
	<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) Carolyn Levin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 180 East Pearson Street #5107		Transaction ID: SA11A1.6479	
City State Zip Code Chicago IL 60611	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 Retired Occupation Retired	Election Cycle-to-Date ▼ 375.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Fay Hartog Levin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 240 Locust Rd.		Transaction ID: SA11A1.6244	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 2300.00		
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 Res Publica Group Occupation Senior Consultant	Election Cycle-to-Date ▼ 2300.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Fay Hartog Levin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 240 Locust Rd.		Transaction ID: SA11A1.6245	
City State Zip Code Winnetka IL 60093	Amount of Each Receipt this Period 200.00		
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 Res Publica Group Occupation Senior Consultant	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 134
	<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

Full Name (Last, First, Middle Initial) A. Violet Lidinsky		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 4820 Conrad		Transaction ID: SA11A1.7138	
City Skokie	State IL	Amount of Each Receipt this Period 375.00	
Zip Code 60077		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Edward Lieberman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 3216 Newark Street NW		Transaction ID: SA11A1.6249	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Lori Lightfoot		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 3434 W. Wrightwood		Transaction ID: SA11A1.7140	
City Chicago	State IL	Amount of Each Receipt this Period 1250.00	
Zip Code 60647		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer City of Chicago	Occupation Police Officer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2625.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 134
	<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

Full Name (Last, First, Middle Initial) A. JoAnn Lilek		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 1750 S. Wolf Road		Transaction ID: SA11A1.7142	
City State Zip Code Des Plaines IL 60018	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 DSC Logistics CFO	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Astri Lindberg		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 2896 Sheridan Place		Transaction ID: SA11A1.6480	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 775.00		
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 Retired Retired	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Lucia Woods Lindley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 1217 Ridge		Transaction ID: SA11A1.7144	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 2300.00		
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 Self-employed Philanthropist & Photographer	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	3325.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 134
	<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) Lucia Woods Lindley Mailing Address 1217 Ridge City State Zip Code Evanston IL 60202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.7145 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self-employed Philanthropist & Photographer Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		

B. Full Name (Last, First, Middle Initial) Thomas Little Mailing Address 260 E. Chestnut, No. 4302 City State Zip Code Chicago IL 60611 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7 Transaction ID: SA11A1.6417 Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Brandenburg Industrial Service Co. President Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

C. Full Name (Last, First, Middle Initial) Amy Littleton Mailing Address 165 N. Canal St, #1113 City State Zip Code Chicago IL 60606 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6255 Amount of Each Receipt this Period 125.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Kemper Leshik Public Relations & Marketing Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	2625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 134
	<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

Full Name (Last, First, Middle Initial) A. Sara Loevy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 1321 East 50th Street		Transaction ID: SA11A1.7164	
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 275.00		
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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Michele Lorand		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 395 Elder Lane		Transaction ID: SA11A1.7166	
City State Zip Code Winnetka IL 60093	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 Stroger Hospital of Cook County Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. William Luking		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 120 W. Kinzie St., Suite 300		Transaction ID: SA11A1.7172	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 1250.00		
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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1775.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 134
	<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

Full Name (Last, First, Middle Initial) A. Jessie MacDonald		Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2007
Mailing Address 1214 Grant Ave.		Transaction ID: SA11A1.7174
City Evanston	State IL	Zip Code 60204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Near North Montessori School	Occupation Admissions Assistant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Mouika Machon		Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2007
Mailing Address 7800 Sears Tower		Transaction ID: SA11A1.6259
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sonneshin Nath Rosenthal	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Asif Malik		Date of Receipt M M / D D / Y Y Y Y Y 05 / 25 / 2007
Mailing Address 5815 N. St. Louis, #1E		Transaction ID: SA11A1.6263
City Chicago	State IL	Zip Code 60659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ace Mortgage	Occupation Loan Originator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 134
	<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

Full Name (Last, First, Middle Initial) A. Phyllis Malitz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 1000 Skokie LL37		Transaction ID: SA11A1.7176	
City Wilmette	State IL	Zip Code 60091	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 Self-employed	Occupation CPA	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Andy Margolis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 330 N. Jefferson, #1503		Transaction ID: SA11A1.6461	
City Chicago	State IL	Zip Code 60661	Amount of Each Receipt this Period 300.00
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 Draper & Kramer	Occupation Vice President Commercial Lending	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Sarah Marmor		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address One IBM Plaza		Transaction ID: SA11A1.7184	
City Chicago	State IL	Zip Code 60611	Amount of Each Receipt this Period 1250.00
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 Jenner & Block	Occupation Attorney	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1250.00			

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 134
	<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

Full Name (Last, First, Middle Initial) A. Beth Maschinot		Date of Receipt M M / D D / Y Y Y Y Y 06 / 12 / 2007	
Mailing Address 3042 N. Wolcott		Transaction ID: SA11A1.6413	
City State Zip Code Chicago IL 60657	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 Mental Health Associates	Occupation Researcher		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Molly McGrath		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2007	
Mailing Address 400 E. South Water Street #3108		Transaction ID: SA11A1.7194	
City State Zip Code Chicago IL 60601	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 City of Chicago	Occupation Deputy Budget Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Scott Mendeloff		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007	
Mailing Address One South Dearborn		Transaction ID: SA11A1.7202	
City State Zip Code Chicago IL 60603	Amount of Each Receipt this Period 1250.00		
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 Sidley Austin	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 134
	<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

Full Name (Last, First, Middle Initial) A. Harriet Meyer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 4950 S. Chicago Beach Drive, #10A		Transaction ID: SA11A1.7206	
City State Zip Code Chicago IL 60615	Amount of Each Receipt this Period 1250.00		
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 Ounce of Prevention	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Mubarak Ali Mirjat		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 8692 Johnston Road		Transaction ID: SA11A1.6277	
City State Zip Code Burr Ridge IL 60527	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 Max-Rehab	Occupation Physical Therapist		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Bernard Mirkin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 427 Greenleaf Street		Transaction ID: SA11A1.6645	
City State Zip Code Evanston IL 60202	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 Children's Memorial Hospital	Occupation Physician		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 134
	<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) Maxine Mitchell Mailing Address 3511 N. Fremont City State Zip Code Chicago IL 60657 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: SA11A1.7215 Amount of Each Receipt this Period 125.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Applied Real Estate Analysis Occupation Real Estate Advisor Receipt For: 2008 <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) 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		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.6279 Amount of Each Receipt this Period 1250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Universal American Financial Co. Occupation Manager Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1250.00		

C. Full Name (Last, First, Middle Initial) Neal Moglin Mailing Address 2448 Lincolnwood Drive City State Zip Code Evanston IL 60201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.6281 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lovells Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 134
	<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

Full Name (Last, First, Middle Initial) A. Catherine Moran		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 4713 N. LaPorte		Transaction ID: SA11A1.6285	
City Chicago	State IL	Amount of Each Receipt this Period 2300.00	
Zip Code 60630		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer SAP	Occupation Global Software Co.		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. Catherine Moran		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 4713 N. LaPorte		Transaction ID: SA11A1.6286	
City Chicago	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60630		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer SAP	Occupation Global Software Co.		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Gail H Morse		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 3739 N. Wilton Ave. #2		Transaction ID: SA11A1.6399	
City Chicago	State IL	Amount of Each Receipt this Period 1500.00	
Zip Code 60613		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Jenner & Block	Occupation Attorney		
Receipt For: 2008 <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) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 134
	<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) Maureen Mosh Mailing Address 215 N. Grove Avenue #C City State Zip Code Oak Park IL 60302 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2007 Transaction ID: SA11A1.7221 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Northern Trust Assitant General Counsel Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) David Munar Mailing Address 4021 N. Clarendon #3W City State Zip Code Chicago IL 60613 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007 Transaction ID: SA11A1.7226 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation AFC Public Policy Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial) Laura Murphy Mailing Address 901 E Villa Dr City State Zip Code Des Plaines IL 60016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2007 Transaction ID: SA11A1.6290 Amount of Each Receipt this Period 1250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Alderman Park Ridge Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1250.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 134
	<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

Full Name (Last, First, Middle Initial) A. Thomas Murphy		Date of Receipt MM / DD / YYYY 06 / 14 / 2007
Mailing Address 111 W. Washington St., #1920		Transaction ID: SA11A1.6657
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Thomas Murphy		Date of Receipt MM / DD / YYYY 06 / 14 / 2007
Mailing Address 111 W. Washington St., #1920		Transaction ID: SA11A1.6658
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Colleen Murray		Date of Receipt MM / DD / YYYY 04 / 13 / 2007
Mailing Address 2 North LaSalle #630		Transaction ID: SA11A1.7228
City Chicago	State IL	Zip Code 60602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer City Staffing	Occupation Staffing	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 134
	<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

Full Name (Last, First, Middle Initial) A. Sarajane Myers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address 2301 W. 93rd Street		Transaction ID: SA11A1.7230	
City Bloomington	State MN	Zip Code 55431	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wayzata ISD #284	Occupation Teacher		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Jennifer Naber		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 515 N. State, Ste. 2800		Transaction ID: SA11A1.7232	
City Chicago	State IL	Zip Code 60601	Amount of Each Receipt this Period 625.00
FEC ID number of contributing federal political committee. C			
Name of Employer Laner Muchin Dombrow	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) C. Nathan Nearbin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 1050 West Ardmore #2		Transaction ID: SA11A1.7234	
City Chicago	State IL	Zip Code 60660	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer VNU	Occupation Administrative Asst		
Receipt For: 2008 <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) ▶	1125.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 134
	<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) Judith Nedrow Mailing Address 5123 5th Street, NW City Washington State DC Zip Code 20011 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.7236 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Am. Soc. For Microbiology Occupation Production Editor Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Charlotte A. Newberger Mailing Address 3240 Lake Shore Dr. City Chicago IL State IL Zip Code 60657 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6403 Amount of Each Receipt this Period 1250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Rubaloff Occupation Real Estate Broker Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		

C. Full Name (Last, First, Middle Initial) Catherine Nolan Mailing Address 601 13th Street #1200 South City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.6300 Amount of Each Receipt this Period 1250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Jenner & Block Occupation Attorney Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 134 (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

Full Name (Last, First, Middle Initial) A. Anastasia O'Brien Mailing Address 814 Columbian <hr/> City Oak Park State IL Zip Code 60302 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7249 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	7		250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	3		2	0	0	7														
	250.00																						
Name of Employer Exelon Occupation Attorney <hr/> Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>250.00</td> </tr> </table>		250.00																				
	250.00																						

Full Name (Last, First, Middle Initial) B. Catherine O'Malley Mailing Address 1560 N. Sandburg Terrace #3310 <hr/> City Chicago State IL Zip Code 60610 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6304 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	7		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	6		2	0	0	7														
	500.00																						
Name of Employer KO Strategies Occupation Executive Director <hr/> Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table>		500.00																				
	500.00																						

Full Name (Last, First, Middle Initial) C. Rex Parker Mailing Address 612 S. Greenwood <hr/> City Park Ridge State IL Zip Code 60068 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6314 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>275.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	7		275.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	6		2	0	0	7														
	275.00																						
Name of Employer Self-employed Occupation Graphic Designer <hr/> Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>275.00</td> </tr> </table>		275.00																				
	275.00																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td>1025.00</td> </tr> </table>	1025.00
1025.00		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 134
	<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)
Peck Bloom Miller & Mitchell

Mailing Address 3131 Central Ave.

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2007

Transaction ID: SA11A1.6710

Amount of Each Receipt this Period
1250.00

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

B. Full Name (Last, First, Middle Initial)
Aurora Abella Austriaco

Mailing Address 33 N. Dearborn, 2nd Floor

City State Zip Code
Chicago IL 60602

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

Name of Employer Occupation
Peck Bloom Austriaco Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2007

Transaction ID: SA11A1.6710.0

Amount of Each Receipt this Period
1250.00

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

C. Full Name (Last, First, Middle Initial)
Cindy Perlmutter

Mailing Address 279 Moraine Road

City State Zip Code
Highland Park IL 60035

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

Name of Employer Occupation
Self-employed Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 20 / 2007

Transaction ID: SA11A1.7265

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)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 134
	<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

Full Name (Last, First, Middle Initial) A. Sandy Pernich		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 1616 Sheridan Road, 2H		Transaction ID: SA11A1.7267
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 375.00	
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 Self-employed	Occupation Marketing Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Anita Ponder		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 10 E. Ontario #5006		Transaction ID: SA11A1.6326
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 1250.00	
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 Gardner Carton Douglas	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Camaro Powers		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 734 Fair Oaks		Transaction ID: SA11A1.7275
City State Zip Code Oak Park IL 60302	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 Self-employed	Occupation Communications	
Receipt For: 2008 <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) ▶	1875.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 134
	<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

Full Name (Last, First, Middle Initial) A. Susan Pritzker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 1518 N. Astor		Transaction ID: SA11A1.6330	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 1250.00		
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 Self-employed Philanthropist	Election Cycle-to-Date 2008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Donna Quinn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 11141 Northwest Road		Transaction ID: SA11A1.7279	
City State Zip Code Palos Hills IL 60465	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 Natl Coalition of American Nuns Educator	Election Cycle-to-Date 2008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Alyssa Rapp		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 166 Bryant, Unit C		Transaction ID: SA11A1.6481	
City State Zip Code Palo Alto CA 94301	Amount of Each Receipt this Period 300.00		
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 Bottlenotes CEO	Election Cycle-to-Date 2008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1550.00		

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 134
	<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

Full Name (Last, First, Middle Initial) A. Albert Ratner		Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2007
Mailing Address 50 Public Square, Suite 1600		Transaction ID: SA11A1.6342
City Cleveland	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Forest City Enterprises	Occupation Co-Chairman of the Board	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Charles Ratner		Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2007
Mailing Address 50 Public Square, Suite 1600		Transaction ID: SA11A1.6344
City Cleveland	State OH	Zip Code 44113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Forest City Enterprises	Occupation President and CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hedy Ratner		Date of Receipt M M / D D / Y Y Y Y Y 04 / 16 / 2007
Mailing Address 8 S. Michigan #400		Transaction ID: SA11A1.7287
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Women's Business Development Center	Occupation Executive Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	1825.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 134
	<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) James Ratner		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 19750 Shaker Blvd.		Transaction ID: SA11A1.6346	
City State Zip Code Shaker OH 44122	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 Forest City Enterprises Real Estate	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Ronald Ratner		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 50 Public Square, Suite 1600		Transaction ID: SA11A1.6502	
City State Zip Code Cleveland OH 44113	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 Forest City Enterprises Executive Vice President	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Debbie Reinstein		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007	
Mailing Address 8928 Kilpatrick		Transaction ID: SA11A1.7293	
City State Zip Code Skokie IL 60076	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 McDougal Littell Puclishing Co. Salesperson	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 134
	<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

Full Name (Last, First, Middle Initial) A. Judith Rice		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 3217 N. Rockwell		Transaction ID: SA11A1.7297
City State Zip Code Chicago IL 60618	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 City of Chicago	Occupation Deputy Commissioner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Barbara Robinson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 6007 N. Sheridan Apt. 35-E		Transaction ID: SA11A1.6446
City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 100.00	
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 Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Janice E. Rodgers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 2100 N. Lincoln Park #12CN		Transaction ID: SA11A1.7309
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 1250.00	
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 Quarles and Brady	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 134
	<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

Full Name (Last, First, Middle Initial) A. Dina Rollman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 1029 Hinman		Transaction ID: SA11A1.6508	
City State Zip Code Evanston IL 60202	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 Sperling & Slater	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Abbey Romanek		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 1716 Washington		Transaction ID: SA11A1.6401	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 425.00		
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 Self-employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) C. Loretta Rosenmayer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 18202 W. Union Road		Transaction ID: SA11A1.7314	
City State Zip Code Union IL 60180	Amount of Each Receipt this Period 1050.00		
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 Trench-It, Inc.	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1725.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 134
	<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

Full Name (Last, First, Middle Initial) A. Loretta Rosenmayer		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2007	
Mailing Address 18202 W. Union Road		Transaction ID: SA11A1.7315	
City State Zip Code Union IL 60180	Amount of Each Receipt this Period 200.00		
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 Trench-It, Inc.	Occupation President		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Judith-Rae Ross		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address 8725 Springfield		Transaction ID: SA11A1.6512	
City State Zip Code Skokie IL 60076	Amount of Each Receipt this Period 300.00		
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 DePaul University	Occupation Professor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Anne Rossiter		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2007	
Mailing Address 4950 Chicago Beach Drive		Transaction ID: SA11A1.7320	
City State Zip Code Chicago IL 60615	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 Midwest Palative & Hospice CareCenter	Occupation Fundraiser		
Receipt For: 2008 <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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 134
	<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

Full Name (Last, First, Middle Initial) A. Michael Rothman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 2020 N. Lincoln Park West Apt. 33A		Transaction ID: SA11A1.6377	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 1000.00		
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 Self-employed Futures Trader	Election Cycle-to-Date ▼ 3300.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Ryan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 737 S. Home Ave.		Transaction ID: SA11A1.6411	
City State Zip Code Park Ridge IL 60068	Amount of Each Receipt this Period 325.00		
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 Winning Ways Marketing Marketing Consultant/Writer	Election Cycle-to-Date ▼ 325.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alice Young Sabl		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 175 E. Delaware Pl., Apt. 7211		Transaction ID: SA11A1.6619	
City State Zip Code Chicago IL 60611	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 Retired Retired	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1575.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 134
	<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

Full Name (Last, First, Middle Initial) A. Sharon Sanders		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address 1950 Farnsworth		Transaction ID: SA11A1.7334	
City State Zip Code Northbrook IL 60062	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 Retired Occupation Retired	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Roxanne Saylor		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address 2719 W. Gunnison St. #3		Transaction ID: SA11A1.7338	
City State Zip Code Chicago IL 60625	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 Urban Line Design, Inc. Occupation President	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stephanie Scharf		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 333 W. Wacker Drive		Transaction ID: SA11A1.6526	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 1250.00		
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 Self-employed Occupation Attorney	Election Cycle-to-Date ▼ 1250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 134
	<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

Full Name (Last, First, Middle Initial) A. Judith Schindler		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 900 N. Franklin, #200		Transaction ID: SA11A1.7344
City State Zip Code Chicago IL 60610	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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Communications Executive Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Andrea Schleifer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 1842 W. Wabansia		Transaction ID: SA11A1.7346
City State Zip Code Chicago IL 60622	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 Self-employed Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Bob M. Schrayer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 1620 Spruce Avenue		Transaction ID: SA11A1.6382
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 1000.00	
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 Associated Agencies Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Insurance Election Cycle-to-Date ▼ 3300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 134 (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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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) John Sciaccotta Mailing Address 111 East Wacker, Suite 2800 City State Zip Code Chicago IL 60601 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.6532 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Shefsky & Froelich Attorney Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 500.00

B. Full Name (Last, First, Middle Initial) Lisa Scruggs Mailing Address 6823 S. Cregrer Avenue City State Zip Code Chicago IL 60649 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.6357 Amount of Each Receipt this Period 875.00
Name of Employer Occupation Jenner and Block Attorney Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 875.00

C. Full Name (Last, First, Middle Initial) Eileen Scudder Mailing Address 111 S. Wacker Drive City State Zip Code Chicago IL 60606 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: SA11A1.7356 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Deloitte & Touche Partner Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 250.00

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 134
	<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) Marsha Serlin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 180 E. Pearson St., #6		Transaction ID: SA11A1.6538	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 2300.00		
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 United Scrap Metal	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

B. Full Name (Last, First, Middle Initial) Marsha Serlin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 180 E. Pearson St., #6		Transaction ID: SA11A1.6539	
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 200.00		
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 United Scrap Metal	Occupation President		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

C. Full Name (Last, First, Middle Initial) Sandra Shane-DuBow		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 1026 Greenleaf St		Transaction ID: SA11A1.7366	
City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 375.00		
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 Self-employed	Occupation Psychologist of Law		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	2875.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 134
	<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

Full Name (Last, First, Middle Initial) A. Nancy Sharp		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 7001 Ridgeway Ave.		Transaction ID: SA11A1.7370	
City Lincolnwood	State IL	Amount of Each Receipt this Period 2300.00	
Zip Code 60712		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Food for Thought	Occupation Owner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. Nancy Sharp		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 7001 Ridgeway Ave.		Transaction ID: SA11A1.7371	
City Lincolnwood	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60712		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Food for Thought	Occupation Owner		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Linda Rae Sher		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 1000 N. Lake Shore Dr.		Transaction ID: SA11A1.6549	
City Highland Park	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60635		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Joint Affairs Committee	Occupation Director of Special Projects		
Receipt For: 2008 <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) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 134
	<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

Full Name (Last, First, Middle Initial) A. Debra Shore		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 9232 Avers Avenue		Transaction ID: SA11A1.7385	
City Evanston	State IL	Zip Code 60203	Amount of Each Receipt this Period 1250.00
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 Chicago Wilderness Magazine	Occupation Editor	Election Cycle-to-Date 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Receipt For:		Amount of Each Receipt this Period 1250.00	

Full Name (Last, First, Middle Initial) B. Erica Sitkoff		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 2800 N. Orchard #705		Transaction ID: SA11A1.6419	
City Chicago	State IL	Zip Code 60657	Amount of Each Receipt this Period 300.00
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 DLA Piper	Occupation Attorney	Election Cycle-to-Date 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Receipt For:		Amount of Each Receipt this Period 300.00	

Full Name (Last, First, Middle Initial) C. Patricia Sklar		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 2704 W. Morse Avenue		Transaction ID: SA11A1.7397	
City Chicago	State IL	Zip Code 60645	Amount of Each Receipt this Period 1250.00
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 Sklar and Associates	Occupation Recruiter	Election Cycle-to-Date 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Receipt For:		Amount of Each Receipt this Period 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 134
	<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

Full Name (Last, First, Middle Initial) A. Jerold Solovy		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 330 N. Wabash #4400		Transaction ID: SA11A1.6557	
City Chicago	State IL	Amount of Each Receipt this Period 2300.00	
Zip Code 60611		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Jenner and Block	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. Jerold Solovy		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 330 N. Wabash #4400		Transaction ID: SA11A1.6558	
City Chicago	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60611		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Jenner and Block	Occupation Attorney		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Marge Sondler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 2147 W. Farwell		Transaction ID: SA11A1.7402	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60645		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern Memorial Hos- pital	Occupation Manager		
Receipt For: 2008 <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) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 134
	<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) Natalie Spears Mailing Address 1237 W. Foster Ave. City Chicago State IL Zip Code 60640 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.6562 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Sonnenschein Nath Rosenthal Occupation: Attorney Receipt For: 2008 <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) Carol Spielman Mailing Address 1762 Winthrop Road City Highland Park State IL Zip Code 60035 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.7408 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Lake County Occupation: County Board Member Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Andrea Spitzer Mailing Address 1951 Farnsworth Lane City Northbrook State IL Zip Code 60062 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7 Transaction ID: SA11A1.7409 Amount of Each Receipt this Period 125.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Retired Occupation: Retired Receipt For: 2008 <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)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 134
	<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

Full Name (Last, First, Middle Initial) A. Amy Stockwell		Date of Receipt MM / DD / YYYY 05 / 15 / 2007
Mailing Address 601 S. Monroe		Transaction ID: SA11A1.6567
City Decatur	State IL	Zip Code 62522
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer Macon County, IL	Occupation Auditor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mary Stowell		Date of Receipt MM / DD / YYYY 04 / 16 / 2007
Mailing Address 301 Woodley Road		Transaction ID: SA11A1.7427
City Winnetka	State IL	Zip Code 60693
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2300.00
Name of Employer Stowell & Freidman	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. Mary Stowell		Date of Receipt MM / DD / YYYY 04 / 16 / 2007
Mailing Address 301 Woodley Road		Transaction ID: SA11A1.7428
City Winnetka	State IL	Zip Code 60693
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2300.00
Name of Employer Stowell & Freidman	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	4725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 134
	<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

Full Name (Last, First, Middle Initial) A. James Streicker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 33 North Dearborn, Suite 600		Transaction ID: SA11A1.6569	
City State Zip Code Chicago IL 60602	Amount of Each Receipt this Period 1200.00		
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 Cotsirilos Tighe Streicker	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Larry Suffredin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 2431 Pioneer		Transaction ID: SA11A1.6571	
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 1000.00		
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 Self-employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Ali Syed		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 100 Indian Trail		Transaction ID: SA11A1.6577	
City State Zip Code Oak Brook IL 60523	Amount of Each Receipt this Period 850.00		
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 Avalon	Occupation President & CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional) ▶	3050.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 134
	<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

Full Name (Last, First, Middle Initial) A. Jo Anne Sylvester		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 1508 W Estes		Transaction ID: SA11A1.6579	
City State Zip Code Chicago IL 60626	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 Infant Welfare Society	Occupation Health Care Administration		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Sanjay Tailor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 1524 N. Leavitt		Transaction ID: SA11A1.6584	
City State Zip Code Chicago IL 60622	Amount of Each Receipt this Period 100.00		
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 Cook County	Occupation Associate Judge		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Laura Thrall		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7	
Mailing Address 360 N. Michigan #800		Transaction ID: SA11A1.7448	
City State Zip Code Chicago IL 60601	Amount of Each Receipt this Period 1250.00		
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 YWCA	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 134
	<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

Full Name (Last, First, Middle Initial) A. Lynda Tipton		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 2715 Harrison Street		Transaction ID: SA11A1.7452
City Evanston	State IL	Zip Code 60201
Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Molly Vanderloo		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 4117 N. Laramie Avenue		Transaction ID: SA11A1.7468
City Chicago	State IL	Zip Code 60634
Amount of Each Receipt this Period 1250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer RSM McGladrey Financial	Occupation Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Nancy Vanmeter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 7803 Custer Road		Transaction ID: SA11A1.6435
City Bethesda	State MA	Zip Code 20814
Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer American Federation of Teachers	Occupation Staff	
Receipt For: 2008 <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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 134
	<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

Full Name (Last, First, Middle Initial) A. Arthur Venecia		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 412 Sans Souci Drive		Transaction ID: SA11A1.7470
City Aurora State IL Zip Code 60506	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 Venecia Group Occupation Consultant	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Judith Wallenstein		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 5237 N. Lakewood		Transaction ID: SA11A1.7474
City Chicago State IL Zip Code 60640	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 Retired Occupation Retired	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Eunice Ward		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 411 W. Ontario St., Apt. 519		Transaction ID: SA11A1.7480
City Chicago State IL Zip Code 60610	Amount of Each Receipt this Period 1250.00	
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 Nottage and Ward Occupation Attorney	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 134
	<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

Full Name (Last, First, Middle Initial) A. Anne Wedner		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 3 Kent Road		Transaction ID: SA11A1.6598
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Susan Wiles		Date of Receipt MM / DD / YYYY 05 / 17 / 2007
Mailing Address 247 East Chestnut Unit 1604		Transaction ID: SA11A1.6606
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shefsky & Froelich	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Steven Wine		Date of Receipt MM / DD / YYYY 05 / 23 / 2007
Mailing Address 2049 N. Howe		Transaction ID: SA11A1.6608
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UBS Paine Webber	Occupation Financial Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 134
	<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) Robin Wold		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 1727 W. Gregory		Transaction ID: SA11A1.6614	
City State Zip Code Chicago IL 60640		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 Robin's Food Distribution	Occupation Business Owner		
Receipt For: 2008 <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) Leha Yarrow		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 6631 Trumbull		Transaction ID: SA11A1.6615	
City State Zip Code Lincolnwood IL 60712		Amount of Each Receipt this Period 125.00	
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 Publications International	Occupation Editor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Bobette Zacharias		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 755 Sheridan		Transaction ID: SA11A1.6381	
City State Zip Code Winnetka IL 60093		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 Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1125.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 134
	(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)
Colleen Zenere

Mailing Address 10548 Yankee Ridge Drive

City State Zip Code
Frankfort IL 60423

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

Name of Employer Self-employed Occupation
Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
625.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2007

Transaction ID: SA11A1.6706

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)
Lois Zoller

Mailing Address 3180 N. Lake Shore

City State Zip Code
Chicago IL 60657

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

Name of Employer Self-employed Occupation
Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2007

Transaction ID: SA11A1.6407

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	144425.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 80 / 134	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" 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)
Democratic Party of Evanston

Mailing Address 826 Custer

City State Zip Code
Evanston IL 60202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	7

Transaction ID: SA11B.6069

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 134
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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

Full Name (Last, First, Middle Initial) A. AFL-CIO COPE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 815 16th Northwest		Transaction ID: SA11C.6065	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
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	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. AFSCME P.E.O.P.L.E.		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 1625 L St., NW		Transaction ID: SA11C.6055	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00		
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	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Air Line Pilots Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 1625 Massachusetts Ave., NW		Transaction ID: SA11C.6089	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00		
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	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 134
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) A. Amalgamated Transit Union COPE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 5025 Wisconsin Ave. NW		Transaction ID: SA11C.6040
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 1000.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Federation of Government Employees PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 80 F Street NW		Transaction ID: SA11C.6051
City State Zip Code Washington DC 20001	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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. American Postal Workers Union COPE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 1300 L Street, NW		Transaction ID: SA11C.6053
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 134
(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)
Carpenters Legislative Improvement Committee

Mailing Address 101 Constitution Ave., NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 6 / 2 0 0 7

Transaction ID: SA11C.6081

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)
Citizens for Carol Ronen

Mailing Address 6033 N. Sheridan Rd.

City State Zip Code
Chicago IL 60660

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11C.6060

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)
Citizens for Gregory Harris

Mailing Address 5359 N. Magnolia

City State Zip Code
Chicago IL 60640

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11C.6038

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) ► **5750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 134
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) A. Citizens for Jeff Schoenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1187 Wilmette Avenue, PMB 212		Transaction ID: SA11C.6063
City State Zip Code Wilmette IL 60091	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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Communication Workers of America PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 501 3rd St., NW		Transaction ID: SA11C.6079
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Drinker Biddle PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1500 K Street, NW, Suite 1100		Transaction ID: SA11C.6067
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1250.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 134
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) A. Friends of Julie Hamos		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 1312 Chicago Avenue		Transaction ID: SA11C.6072
City State Zip Code Evanston IL 60201	Amount of Each Receipt this Period 125.00	
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	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 125.00		

Full Name (Last, First, Middle Initial) B. Friends of Kathy Ryg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 307 Orwentsia Road		Transaction ID: SA11C.6085
City State Zip Code Vernon Hills IL 60061	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	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Holland & Knight Effective Govt Cmte.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 2099 Pennsylvania Ave. NW #100		Transaction ID: SA11C.6034
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
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	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 134
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) A. Illinois Political Active Letter Carriers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 15319 Woodmar		Transaction ID: SA11C.6042
City State Zip Code Orland Park IL 60462	Amount of Each Receipt this Period 2000.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Intl. Association of Firefighters FIREPAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1750 New York Ave. NW		Transaction ID: SA11C.6061
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Intl. Brotherhood of Boilermakers LEAP		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2722 Merrilee Drive, Suite 360		Transaction ID: SA11C.6047
City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 1000.00	
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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 134
(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)
Intl Union of Painters & Allied Trades TOGETHER Polit Comm

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	0	7

Transaction ID: SA11C.6057

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)
Ironworkers Political Action League

Mailing Address 1750 New York Ave., NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

Transaction ID: SA11C.6044

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)
Ironworkers Political Action League

Mailing Address 1750 New York Ave., NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	7

Transaction ID: SA11C.6058

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 134
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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

Full Name (Last, First, Middle Initial) A. Laborers' Political League		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2007
Mailing Address 905- 16th Street N.W.		Transaction ID: SA11C.6075
City Washington	State DC	Zip Code 20006
Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Machinists Non-Partisan Political League PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2007
Mailing Address 9000 Machinist Place		Transaction ID: SA11C.6049
City Upper Marlboro	State MD	Zip Code 20772
Amount of Each Receipt this Period 5000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. National Air Traffic Controllers Association PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007
Mailing Address 1325 Massachusetts Avenue, NW		Transaction ID: SA11C.6031
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: PAGE 89 / 134
(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)
Natl Assn of Insurance & Financial Advisors PAC

Mailing Address 2901 Telestar Ct.

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11C.6077

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)
Safeway Inc. Political Action Committee

Mailing Address 711 Jorie Blvd.

City State Zip Code
Oak Park IL 60523

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: SA11C.6083

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Service Employees International Union PAC

Mailing Address 1313 L Street NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 2 / 2 0 0 7

Transaction ID: SA11C.6087

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 90 / 134
(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)
Sonnenschein Nath & Rosenthal LLP PAC

Mailing Address 1301 K Street, NW, Suite 600E

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: SA11C.6046

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
United Auto Workers VCAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	7

Transaction ID: SA11C.6070

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
United Auto Workers VCAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: SA11C.6032

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) ▶ **6500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 134
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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

Full Name (Last, First, Middle Initial) A. United Food and Commercial Workers ABC		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2007	
Mailing Address 1775 K Street N.W.		Transaction ID: SA11C.6073	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2500.00		
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	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		2500.00	

Full Name (Last, First, Middle Initial) B. United Food and Commercial Workers ABC		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address 1775 K Street N.W.		Transaction ID: SA11C.6036	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2500.00		
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	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		5000.00	

Full Name (Last, First, Middle Initial) C. United Transportation Union (UTU) PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address 14600 Detroit Avenue		Transaction ID: SA11C.6029	
City State Zip Code Cleveland OH 44107	Amount of Each Receipt this Period 1000.00		
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	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	55125.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 134
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Franklin Templeton Investments Mailing Address PO Box 33030 City State Zip Code St. Petersburg FL 33733 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7 Transaction ID: SA15.6019 Amount of Each Receipt this Period 49.59 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 255.69		

B. Full Name (Last, First, Middle Initial) Franklin Templeton Investments Mailing Address PO Box 33030 City State Zip Code St. Petersburg FL 33733 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7 Transaction ID: SA15.6023 Amount of Each Receipt this Period 51.83 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 307.52		

C. Full Name (Last, First, Middle Initial) Franklin Templeton Investments Mailing Address PO Box 33030 City State Zip Code St. Petersburg FL 33733 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 Transaction ID: SA15.6025 Amount of Each Receipt this Period 52.00 Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 359.52		

SUBTOTAL of Receipts This Page (optional)	153.42
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 / 134
	(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

Full Name (Last, First, Middle Initial) A. Park National Bank		Date of Receipt M M / D D / Y Y Y Y Y 04 / 17 / 2007
Mailing Address 2958 N. Milwaukee Avenue		Transaction ID: SA15.6020
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 173.75	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1508.63	

Full Name (Last, First, Middle Initial) B. Park National Bank		Date of Receipt M M / D D / Y Y Y Y Y 04 / 24 / 2007
Mailing Address 2958 N. Milwaukee Avenue		Transaction ID: SA15.6021
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 89.63	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1598.26	

Full Name (Last, First, Middle Initial) C. Park National Bank		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2007
Mailing Address 2958 N. Milwaukee Avenue		Transaction ID: SA15.6024
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 254.88	
FEC ID number of contributing federal political committee. C		Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1853.14	

SUBTOTAL of Receipts This Page (optional) ▶	518.26
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 94 / 134	
	(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

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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2116.53

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2007

Transaction ID: SA15.6026

Amount of Each Receipt this Period
 263.39

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

SUBTOTAL of Receipts This Page (optional)	▶	263.39
TOTAL This Period (last page this line number only)	▶	935.07

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

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB17.5890 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 59.45	
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB17.5891 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 305.91	
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB17.5895 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7	
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 69.45	
City Elk Grove Village State IL Zip Code 60007	Purpose of Disbursement Payroll Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	434.81
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. ADP</p> <p>Full Name (Last, First, Middle Initial)</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: SB17.5886</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="305.91"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. ADP</p> <p>Full Name (Last, First, Middle Initial)</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: SB17.5888</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.53"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. ADP</p> <p>Full Name (Last, First, Middle Initial)</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: SB17.5883</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="57.75"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="451.19"/></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

<p>A. ADP</p> <p>Full Name (Last, First, Middle Initial)</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</p> <p>State: District:</p>		<p>Transaction ID: SB17.5887</p> <p>Date of Disbursement</p> <p>05 / 12 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>59.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p>B. ADP</p> <p>Full Name (Last, First, Middle Initial)</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>Transaction ID: SB17.5885</p> <p>Date of Disbursement</p> <p>05 / 15 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>459.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

<p>C. ADP</p> <p>Full Name (Last, First, Middle Initial)</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</p> <p>State: District:</p>		<p>Transaction ID: SB17.5892</p> <p>Date of Disbursement</p> <p>05 / 23 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>61.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>	

SUBTOTAL of Disbursements This Page (optional) ▶

579.71

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

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: SB17.5884 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 477.02
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: SB17.5889 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 61.15
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: SB17.5893 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 100 N. Northwest Pt. Road		Amount of Each Disbursement this Period 468.93
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/ Type	
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) ▶	1007.10
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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. ADP</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5882</p> <p>Date of Disbursement 06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 61.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. ADP</p> <p>Full Name (Last, First, Middle Initial) ADP</p> <p>Mailing Address 100 N. Northwest Pt. Road</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5894</p> <p>Date of Disbursement 06 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 461.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Armour, Alex</p> <p>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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5898</p> <p>Date of Disbursement 04 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 916.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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SUBTOTAL of Disbursements This Page (optional) ►

1439.57

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 100 / 134

<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>Transaction ID: SB17.5901</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1604.16"/></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 Parking</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>Transaction ID: SB17.5900</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.00"/></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) 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>Transaction ID: SB17.5899</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1791.66"/></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) ▶

3418.82

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 134

<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

Full Name (Last, First, Middle Initial) A. Armour, Alex		Transaction ID: SB17.5903 Date of Disbursement 06 / 15 / 2007	
Mailing Address 4713 Port Clinton		Amount of Each Disbursement this Period 1791.66	
City Highland Park State IL Zip Code 60635	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Armour, Alex		Transaction ID: SB17.5902 Date of Disbursement 06 / 30 / 2007	
Mailing Address 4713 Port Clinton		Amount of Each Disbursement this Period 1791.66	
City Highland Park State IL Zip Code 60635	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.5909 Date of Disbursement 04 / 05 / 2007	
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 444.71	
City Kansas City State MO Zip Code 64184	Purpose of Disbursement Telephone Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4028.03
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. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 27-866</p>		<p>Transaction ID: SB17.5907 Date of Disbursement <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>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	7	7													
<p>City Kansas City State MO Zip Code 64184</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>215.28</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>	215.28																			
215.28																						
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																				

<p>B. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 27-866</p>		<p>Transaction ID: SB17.5904 Date of Disbursement <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>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	1		2	0	7	7													
<p>City Kansas City State MO Zip Code 64184</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>138.55</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>	138.55																			
138.55																						
<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>C. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 27-866</p>		<p>Transaction ID: SB17.5906 Date of Disbursement <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>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	1		2	0	7	7													
<p>City Kansas City State MO Zip Code 64184</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>426.35</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p>	426.35																			
426.35																						
<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>SUBTOTAL of Disbursements This Page (optional)</p>	<p>780.18</p>
<p>TOTAL This Period (last page this line number only)</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

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.5905 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 187.70
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 Service Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.5908 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 27-866		Amount of Each Disbursement this Period 442.35
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 Service Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Blue Cross Blue Shield of IL		Transaction ID: SB17.5912 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 1364		Amount of Each Disbursement this Period 570.06
City Chicago State IL Zip Code 60690	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name	Category/Type	
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) ▶	1200.11
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

<p>A. Blue Cross Blue Shield of IL</p> <p>Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of IL</p> <p>Mailing Address PO Box 1364</p> <p>City Chicago State IL Zip Code 60690</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5913</p> <p>Date of Disbursement 06 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 639.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Chase Card Services</p> <p>Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 53084</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement Itemization Attached</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: SB17.5769</p> <p>Date of Disbursement 04 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1572.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Postmaster of Evanston</p> <p>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 Postage</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: SB17.5769.0</p> <p>Date of Disbursement 04 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 610.63</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) ▶

2211.71

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Charlie Palmer Steakhouse		Transaction ID: SB17.5769.2 Date of Disbursement MM / DD / YYYY 04 / 17 / 2007	
Mailing Address 101 Constitution Avenue NW		Amount of Each Disbursement this Period 240.00	
City Washington State DC Zip Code 20001	Purpose of Disbursement Food & Beverage	Candidate Name	Category/ Type
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) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Aatish on the Hill		Transaction ID: SB17.5769.13 Date of Disbursement MM / DD / YYYY 04 / 17 / 2007	
Mailing Address 609 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 233.31	
City Washington State DC Zip Code 20003	Purpose of Disbursement Food & Beverage	Candidate Name	Category/ Type
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) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB17.5769.14 Date of Disbursement MM / DD / YYYY 04 / 17 / 2007	
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 36.59	
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping	Candidate Name	Category/ Type
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) ▼		<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) ▶	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

Full Name (Last, First, Middle Initial) A. Chase Card Services		Transaction ID: SB17.5790 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 614.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353	Purpose of Disbursement Itemization Attached 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Cartridge World		Transaction ID: SB17.5790.1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 2634 N. Clark		Amount of Each Disbursement this Period 93.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60614	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB17.5790.3 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 6.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	614.73
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

Full Name (Last, First, Middle Initial) A. Postmaster of Evanston		Transaction ID: SB17.5790.4 Date of Disbursement 05 / 11 / 2007	
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 237.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Evanston	State IL		Zip Code 60201
Purpose of Disbursement Postage			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Chase Card Services		Transaction ID: SB17.5804 Date of Disbursement 06 / 12 / 2007	
Mailing Address PO Box 53084		Amount of Each Disbursement this Period 1926.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Atlanta	State GA		Zip Code 30353
Purpose of Disbursement Itemization Attached			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hilton Chicago		Transaction ID: SB17.5804.0 Date of Disbursement 06 / 12 / 2007	
Mailing Address 720 S. Michigan		Amount of Each Disbursement this Period 78.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Chicago	State IL		Zip Code 60605
Purpose of Disbursement Food & Beverage			Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1926.19
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Pompei Bakery		Transaction ID: SB17.5804.1 Date of Disbursement 06 / 12 / 2007
Mailing Address 181 W. Madison Street #1		Amount of Each Disbursement this Period 507.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago State IL Zip Code 60602		
Purpose of Disbursement Catering Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB17.5804.2 Date of Disbursement 06 / 12 / 2007
Mailing Address 1916 Dempster		Amount of Each Disbursement this Period 147.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Evanston State IL Zip Code 60202		
Purpose of Disbursement Office Supplies Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB17.5804.4 Date of Disbursement 06 / 12 / 2007
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 58.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carey International		Transaction ID: SB17.5804.5 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 4530 Wisconsin Avenue NW		Amount of Each Disbursement this Period 360.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20016		
Purpose of Disbursement Transportation Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Postmaster of Evanston		Transaction ID: SB17.5804.9 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 1101 Davis		Amount of Each Disbursement this Period 246.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Evanston State IL Zip Code 60201		
Purpose of Disbursement Postage Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Frugal Nut & Candy Store		Transaction ID: SB17.5804.12 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 1519 Market Street		Amount of Each Disbursement this Period 204.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Des Plaines State IL Zip Code 60016		
Purpose of Disbursement Food & Beverage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 110 / 134

<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

Full Name (Last, First, Middle Initial) A. System Park		Transaction ID: SB17.5804.14 Date of Disbursement 06 / 12 / 2007
Mailing Address 720 S. Michigan		Amount of Each Disbursement this Period 91.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Chicago	State IL	
Zip Code 60605		
Purpose of Disbursement Parking		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.5924 Date of Disbursement 04 / 05 / 2007
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 136.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta	State GA	
Zip Code 30342		
Purpose of Disbursement Telephone		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.5922 Date of Disbursement 04 / 12 / 2007
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 282.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta	State GA	
Zip Code 30342		
Purpose of Disbursement Telephone		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	419.25
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)

<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

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.5920 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 120.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.5918 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 285.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.5923 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 143.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▶	549.68
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

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.5916 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 139.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.5917 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 120.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17.5919 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 290.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▶	550.67
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

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.5921 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 5565 Glenridge Connector		Amount of Each Disbursement this Period 119.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30342		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Diamond Marketing Solutions		Transaction ID: SB17.5929 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 280 Madsen Drive		Amount of Each Disbursement this Period 2294.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bloomington State IL Zip Code 60108		
Purpose of Disbursement Mailing Expenses Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Gersten, Sarah		Transaction ID: SB17.5939 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60613		
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▶	5539.05
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Transaction ID: SB17.5940 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3125.00
City Chicago State IL Zip Code 60613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Gersten, Sarah		Transaction ID: SB17.5941 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3125.00
City Chicago State IL Zip Code 60613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Gersten, Sarah		Transaction ID: SB17.5942 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3125.00
City Chicago State IL Zip Code 60613	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▶	9375.00
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gersten, Sarah		Transaction ID: SB17.5938 Date of Disbursement 06 / 15 / 2007
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60613		
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Gersten, Sarah		Transaction ID: SB17.5943 Date of Disbursement 06 / 30 / 2007
Mailing Address 3909 N. Sheridan #1H		Amount of Each Disbursement this Period 3125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60613		
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Hilton Chicago		Transaction ID: SB17.5944 Date of Disbursement 05 / 02 / 2007
Mailing Address 720 S. Michigan		Amount of Each Disbursement this Period 89249.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60605		
Purpose of Disbursement Catering Candidate Name	Category/Type	
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) ▶	95499.60
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) Hilton Chicago</p> <p>Mailing Address 720 S. Michigan</p> <p>City Chicago State IL Zip Code 60605</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: SB17.5945</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2483.36"/></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) Ixia</p> <p>Mailing Address 1630 Chicago Ave.</p> <p>City Evanston State IL Zip Code 60201</p> <p>Purpose of Disbursement Flowers</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: SB17.5946</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="154.50"/></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) Ixia</p> <p>Mailing Address 1630 Chicago Ave.</p> <p>City Evanston State IL Zip Code 60201</p> <p>Purpose of Disbursement Flowers</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: SB17.5947</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3817.00"/></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="6454.86"/></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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. La Prairie, Dean		Transaction ID: SB17.5949 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 4453 N. Paulina		Amount of Each Disbursement this Period 375.00
City Chicago State IL Zip Code 60640	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photography	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Mid-City Printing		Transaction ID: SB17.5954 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 360.00
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	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Mid-City Printing		Transaction ID: SB17.5956 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 412.00
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	Category/ Type
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) ▶	1147.00
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

Full Name (Last, First, Middle Initial) A. Mid-City Printing		Transaction ID: SB17.5955 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 834.00
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	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Mid-City Printing		Transaction ID: SB17.5958 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1244.00
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	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Mid-City Printing		Transaction ID: SB17.5957 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 5526 W. Montrose		Amount of Each Disbursement this Period 1358.00
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	Category/ Type
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) ▶	3436.00
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

<p>A. Moneris</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 700 E. Lake Cook Road</p> <p>City Buffalo Grove State IL Zip Code 60089</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5961</p> <p>Date of Disbursement 04 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1026.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Moneris</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 700 E. Lake Cook Road</p> <p>City Buffalo Grove State IL Zip Code 60089</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5962</p> <p>Date of Disbursement 04 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 89.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Moneris</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 700 E. Lake Cook Road</p> <p>City Buffalo Grove State IL Zip Code 60089</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.5963</p> <p>Date of Disbursement 05 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 1087.50</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) ▶

2202.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Moneris		Transaction ID: SB17.5964 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 70.60
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Moneris		Transaction ID: SB17.5959 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 668.77
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Moneris		Transaction ID: SB17.5960 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 700 E. Lake Cook Road		Amount of Each Disbursement this Period 37.13
City Buffalo Grove State IL Zip Code 60089	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	Category/ Type
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) ▶	776.50
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

Full Name (Last, First, Middle Initial) A. New Trier Democrat Organization		Transaction ID: SB17.5966 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 800 Oak Street		Amount of Each Disbursement this Period 300.00
City Winnetka State IL Zip Code 60093	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name		Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Skokie Festival of Cultures		Transaction ID: SB17.5974 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 4701 W. Oakton Street		Amount of Each Disbursement this Period 150.00
City Skokie State IL Zip Code 60076	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement Candidate Name		Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: SB17.5975 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 219554		Amount of Each Disbursement this Period 139.38
City Kansas City State KS Zip Code 64121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name		Category/Type
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) ▶	589.38
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: SB17.5976 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 219554		Amount of Each Disbursement this Period 181.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City State KS Zip Code 64121		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Tiemersma, Nicholas		Transaction ID: SB17.5980 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 1349 West Grace #2		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
City Chicago State IL Zip Code 60613		
Purpose of Disbursement Graphic Design Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Tuite, Jacque		Transaction ID: SB17.5988 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60647		
Purpose of Disbursement Salary Candidate Name	Category/Type	
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) ▶	1231.69
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. Tuite, Jacque</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2212 W. Palmer</p> <p>City Chicago State IL Zip Code 60647</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>Transaction ID: SB17.5983</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Tuite, Jacque</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2212 W. Palmer</p> <p>City Chicago State IL Zip Code 60647</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>Transaction ID: SB17.5984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C. Tuite, Jacque</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2212 W. Palmer</p> <p>City Chicago State IL Zip Code 60647</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>Transaction ID: SB17.5985</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></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="2100.00"/></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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Tuite, Jacque		Transaction ID: SB17.5987 Date of Disbursement 06 / 15 / 2007	
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 700.00	
City Chicago State IL Zip Code 60647	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Tuite, Jacque		Transaction ID: SB17.5986 Date of Disbursement 06 / 30 / 2007	
Mailing Address 2212 W. Palmer		Amount of Each Disbursement this Period 700.00	
City Chicago State IL Zip Code 60647	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Victoria's Transcription Services, Inc.		Transaction ID: SB17.5990 Date of Disbursement 05 / 11 / 2007	
Mailing Address 29 S. La Salle Street #200		Amount of Each Disbursement this Period 500.00	
City Chicago State IL Zip Code 60603	Purpose of Disbursement Interpreter	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1900.00
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)

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

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NAME OF COMMITTEE (In Full)
SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Women's Treatment Center

Mailing Address 140 North Ashland Ave.

City Chicago State IL Zip Code 60607

Purpose of Disbursement

Event Tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5992

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)

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

Full Name (Last, First, Middle Initial) A. Access Living		Transaction ID: SB21.5994 Date of Disbursement 06 / 25 / 2007	
Mailing Address 310 S. Peoria		Amount of Each Disbursement this Period 300.00	
City Chicago State IL Zip Code 60607	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. AL FRANKEN FOR SENATE		Transaction ID: SB21.5869 Date of Disbursement 06 / 15 / 2007	
Mailing Address PO BOX 583144		Amount of Each Disbursement this Period 1000.00	
City MINNEAPOLIS State MN Zip Code 55458	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. ARCURI FOR CONGRESS		Transaction ID: SB21.5833 Date of Disbursement 06 / 14 / 2007	
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00	
City Utica State NY Zip Code 13505	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2300.00
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)

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<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. BOSWELL FOR CONGRESS Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS Mailing Address PO Box 6220 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Contribution Candidate Name LEONARD L. BOSWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.5839 Date of Disbursement 06 / 14 / 2007 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. CARNEY FOR CONGRESS Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS Mailing Address PO Box A City Clarks Summit State PA Zip Code 18411 Purpose of Disbursement Contribution Candidate Name CHRISTOPHER CARNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.5875 Date of Disbursement 06 / 14 / 2007 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. CITIZENS FOR ALTMIRE Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address PO BOX 1776 City FREEDOM State PA Zip Code 15042 Purpose of Disbursement Contribution Candidate Name JASON ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.5830 Date of Disbursement 06 / 14 / 2007 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) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. Citizens for Joe Moore		Transaction ID: SB21.5998 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 1774 W. Greenleaf Avenue		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
City Chicago State IL Zip Code 60626	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Daniel Biss for State Representative		Transaction ID: SB21.6000 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 3255 Central Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evanston State IL Zip Code 60201	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB21.5829 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 430 South Capitol Street SE 2nd Floor		Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Transfer/Excess Campaign Funds	
Candidate Name	Category/ Type	
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) ▶	51250.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 134

<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. FRIENDS OF JIM MARSHALL

Full Name (Last, First, Middle Initial)
Mailing Address 586 Orange Street

City Macon State GA Zip Code 31201

Purpose of Disbursement
Contribution

Candidate Name
JIM MARSHALL

Office Sought: House
 Senate
 President
State: GA District: 8

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21.5855
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. FRIENDS OF JOHN BARROW

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Contribution

Candidate Name
JOHN J BARROW

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21.5836
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. HARRY MITCHELL FOR CONGRESS

Mailing Address PO Box 23748

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Contribution

Candidate Name
HARRY E MITCHELL

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21.5859
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) ►

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 130 / 134

<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)
HEATH SHULER FOR CONGRESS

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contribution

Candidate Name
JOSEPH H SHULER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 11

Transaction ID: SB21.5880

Date of Disbursement

06 / 14 / 2007

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)
KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City BOCA RATON State FL Zip Code 33433

Purpose of Disbursement
Contribution

Candidate Name
RON KLEIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 22

Transaction ID: SB21.5845

Date of Disbursement

06 / 14 / 2007

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)
LAMPSON FOR CONGRESS

Mailing Address P.O. Box 58606

City Houston State TX Zip Code 77258

Purpose of Disbursement
Contribution

Candidate Name
NICK LAMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 22

Transaction ID: SB21.5849

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial) A. Neighbors for Naisy Dolar		Transaction ID: SB21.6013 Date of Disbursement
Mailing Address P.O. Box 64398		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City Chicago	State IL	Zip Code 60664
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PATRICK MURPHY FOR CONGRESS		Transaction ID: SB21.5862 Date of Disbursement
Mailing Address P.O. Box 868		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Levittown	State PA	Zip Code 19058
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PATRICK J MURPHY	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 8		

Full Name (Last, First, Middle Initial) C. PAUL HODES FOR CONGRESS		Transaction ID: SB21.5842 Date of Disbursement
Mailing Address 26 SOUTH MAIN STREET, #253		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City Concord	State NH	Zip Code 03301
Purpose of Disbursement Contribution	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PAUL W HODES	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 2		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

Full Name (Last, First, Middle Initial) A. People for the American Way		Transaction ID: SB21.6015 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 2000 M Street NW #400		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20077	Purpose of Disbursement Contribution Candidate Name Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. PINGREE FOR CONGRESS		Transaction ID: SB21.5872 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address PO Box 17613		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
City Portland State ME Zip Code 04112	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TIM MAHONEY FOR FLORIDA		Transaction ID: SB21.5852 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 4114 Northlake Blvd Ste 300		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
City Palm Beach Gardens State FL Zip Code 33410	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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)

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<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

Full Name (Last, First, Middle Initial)
A. ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement
Contribution

Candidate Name
ZACHARY T SPACE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: SB21.5865

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	6		1	4		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

68800.00

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

(Use separate schedule(s) for each numbered line)	PAGE 134 / 134
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 SCHAKOWSKY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Yes Promotions, Inc.	Nature of Debt (Purpose): Printing & Production
Mailing Address 750 N. Franklin	
City State ZIP Code Chicago IL 60610	

Outstanding Balance Beginning This Period	Transaction ID: SD10.7487	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3750.00	0.00	3750.00

1) SUBTOTALS This Period This Page (optional).....	3750.00
2) TOTALS This Period (last page this line number only).....	3750.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	