

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
Jim McConoughey for Congress

ADDRESS (number and street) 1200 W Main St, Suite 9
PO Box 257
Peoria IL 61650
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00439430
CITY **STATE** IL **ZIP CODE** 61650
STATE DISTRICT IL 18
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 02 05 2008 in the State of IL
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2007 through 01 16 2008

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

Signature of Treasurer Electronically Filed by Kip Logan McCoy Date 04 28 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jim McConoughey for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	1

D	D
1	6

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	120568.53	125868.53
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	120568.53	125868.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	248533.75	248533.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	248533.75	248533.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	47334.78	
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).....	214130.89	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
 Jim McConoughey for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
1	6

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

104991.28

108291.28

(ii) Unitemized.....

11077.25

11077.25

(iii) TOTAL of contributions

116068.53

119368.53

from individuals..... ▶

1000.00

1000.00

(b) Political Party Committees.....

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

3500.00

5500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

120568.53

125868.53

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

0.00

0.00

13. LOANS

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

120000.00

170000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

120000.00

170000.00

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

0.00

0.00

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

0.00

0.00

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

240568.53

295868.53

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	248533.75	248533.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	248533.75	248533.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55300.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	240568.53
25. SUBTOTAL (add Line 23 and Line 24).....	295868.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	248533.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	47334.78

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

Name of Candidate		Candidate ID Number	
Jim McConoughey		H8IL18050	
Name of Principal Campaign Committee		Committee ID Number	
Jim McConoughey for Congress		C C00439430	
Committee Address			
1200 W Main St, Suite 9 PO Box 257			
City	State	ZIP	
Peoria	IL	61650	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	217163.74	4600.00	
2. Aggregate amount of contributions from personal funds of the candidate	172175.80	0.00	
3. Gross receipts minus the candidate's personal contributions	44987.94	4600.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Bruce Alkire

Mailing Address 234 W Windflower Way

City State Zip Code
Dunlap IL 61525

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Coldwell Banker Realtor

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

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

Transaction ID: SA11AI.4596

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robert Baer

Mailing Address 4805 W Heidi Ct

City State Zip Code
Peoria IL 61615

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bradley University Professor

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

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

Transaction ID: SA11AI.4707

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Sid Banwart

Mailing Address 12918 N Georgetowne Rd

City State Zip Code
Dunlap IL 61525

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Caterpillar Inc Vice President

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

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

Transaction ID: SA11AI.4941

Amount of Each Receipt this Period
300.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
William Barrick

Mailing Address 310 Northgate Rd

City Peoria State IL Zip Code 61614

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation CPA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 25 / 2007

Transaction ID: SA11AI.4242

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
William Barrick

Mailing Address 310 Northgate Rd

City Peoria State IL Zip Code 61614

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation CPA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
11 / 16 / 2007

Transaction ID: SA11AI.4610

Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
William Barrick

Mailing Address 310 Northgate Rd

City Peoria State IL Zip Code 61614

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation CPA

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1900.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: SA11AI.4697

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) 1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Wayne Baum</p> <p>Mailing Address 4970 N Grandview Dr</p> <p>City State Zip Code Peoria Heights IL 61616</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CORE Construction Occupation General Contractor</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4185</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Wayne Baum</p> <p>Mailing Address 4970 N Grandview Dr</p> <p>City State Zip Code Peoria Heights IL 61616</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CORE Construction Occupation General Contractor</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4450</p> <p>Amount of Each Receipt this Period 250.00</p> <p>CCP Fundraiser <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Wayne Baum</p> <p>Mailing Address 4970 N Grandview Dr</p> <p>City State Zip Code Peoria Heights IL 61616</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CORE Construction Occupation General Contractor</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8</p> <p>Transaction ID: SA11AI.4678</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 107

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Dr. George Best

Mailing Address 4420 Miller

City Peoria State IL Zip Code 61614

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 MM / DD / YYYY
11 / 28 / 2007

Transaction ID: SA11AI.5032

Amount of Each Receipt this Period 250.00

CCP - Fundraiser

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

B.

Full Name (Last, First, Middle Initial)
Martin Best

Mailing Address 1512 E Moneta Ave

City Peoria Heights State IL Zip Code 61616

FEC ID number of contributing federal political committee. C

Name of Employer MassMutual Occupation Financial Services Representative

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 915.75

Date of Receipt MM / DD / YYYY
11 / 28 / 2007

Transaction ID: SA11AI.4904

Amount of Each Receipt this Period 915.75

In-kind - Peoria Country Club Fundraiser

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

C.

Full Name (Last, First, Middle Initial)
Terry Best

Mailing Address 1512 E Moneta Ave

City Peoria Heights State IL Zip Code 61616

FEC ID number of contributing federal political committee. C

Name of Employer Peoria Area Chamber of Commerce Occupation Member Services Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 915.74

Date of Receipt MM / DD / YYYY
11 / 28 / 2007

Transaction ID: SA11AI.4907

Amount of Each Receipt this Period 915.74

In-kind - Country Club Fundraiser

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

SUBTOTAL of Receipts This Page (optional) 2081.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
John Blossom
Mailing Address 11122 Hillcrest Rd
City State Zip Code
Sister Bay WI 54234
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Alliance Benefit Group Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 7
Transaction ID: SA11AI.4469
Amount of Each Receipt this Period
500.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jerry Boose
Mailing Address 4N657 Hidden Oaks Rd
City State Zip Code
St Charles IL 60175
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
B&B Enterprises Barlow Woods Real Estate Developer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7
Transaction ID: SA11AI.4669
Amount of Each Receipt this Period
2300.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joanne I Boppart
Mailing Address 17001 McGuire Rd
City State Zip Code
Harvard IL 60033
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Realtor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7
Transaction ID: SA11AI.4143
Amount of Each Receipt this Period
500.00
Check Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Joanne I Boppart		Date of Receipt MM / DD / YYYY 01 / 10 / 2008		
	Mailing Address 17001 McGuire Rd		Transaction ID: SA11AI.4880		
	City Harvard	State IL	Zip Code 60033	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self	Occupation Realtor	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Election Cycle-to-Date ▼
1000.00

B.	Full Name (Last, First, Middle Initial) Stephen Boppart		Date of Receipt MM / DD / YYYY 10 / 27 / 2007		
	Mailing Address 4306 Stonebridge Ct		Transaction ID: SA11AI.4208		
	City Champaign	State IL	Zip Code 61822	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Carle Foundation Hospital	Occupation Director	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) Kevin Breheny		Date of Receipt MM / DD / YYYY 11 / 28 / 2007		
	Mailing Address PO Box 14		Transaction ID: SA11AI.5035		
	City Forsyth	State IL	Zip Code 62535	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Breheny Insurance	Occupation Insurance	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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
J Grant Brewen
 Mailing Address 8144 N Crab Orchard Ct
 City Peoria State IL Zip Code 61614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRDC Occupation Executive Director
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 750.00
 CCP Fundraiser
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paula Bryant
 Mailing Address 2919 Windpointe Dr
 City Peoria State IL Zip Code 61614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 2300.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
W Michael Bryant
 Mailing Address 6610 N Parklawn Ct
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Medical Center Occupation CEO
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 500.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3550.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) W Michael Bryant	Date of Receipt MM / DD / YYYY 01 / 06 / 2008
	Mailing Address 6610 N Parklawn Ct	Transaction ID: SA11AI.4753
	City Peoria State IL Zip Code 61615	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Methodist Medical Center Occupation CEO 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) William Christ	Date of Receipt MM / DD / YYYY 01 / 06 / 2008
	Mailing Address PO Box 917	Transaction ID: SA11AI.4771
	City Metamora State IL Zip Code 61548	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Country Insurance Occupation Insurance Agent 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) Thomas Churchwell	Date of Receipt MM / DD / YYYY 01 / 12 / 2008
	Mailing Address 1344 Sunview Ave	Transaction ID: SA11AI.4863
	City Winnetka State IL Zip Code 60093	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Arch Development Partners Occupation Venture Capitalist 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)	4400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Ciccirelli

Mailing Address 11333 N Antler Pl

City Peoria State IL Zip Code 61615

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

Name of Employer The PIPCO Cos Ltd Occupation Executive Vice President/Principle

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2007
Transaction ID: SA11AI.4930
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Vickie Clark

Mailing Address 10600 W Legion Hall Rd

City Princeville State IL Zip Code 61559

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

Name of Employer EDC for Central Illinois Occupation COO/VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2007
Transaction ID: SA11AI.4552
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Kevin Colgan

Mailing Address 12822 Georgetowne Rd

City Dunlap State IL Zip Code 61525

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

Name of Employer Caterpillar Inc Occupation Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007
Transaction ID: SA11AI.4590
 Amount of Each Receipt this Period 250.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Kevin Colgan
Mailing Address 12822 Georgetowne Rd
City State Zip Code
Dunlap IL 61525
FEC ID number of contributing federal political committee. **C**
Name of Employer Caterpillar Inc Occupation Treasurer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 8
Transaction ID: SA11AI.4865
Amount of Each Receipt this Period
150.00
Hahn Fundraiser - Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Giovanni Colombo
Mailing Address 924 W Bennett Ct
City State Zip Code
Dunlap IL 61525
FEC ID number of contributing federal political committee. **C**
Name of Employer Midwest Urological Occupation Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7
Transaction ID: SA11AI.4542
Amount of Each Receipt this Period
1000.00
CCP Fundraiser
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ralph Converse
Mailing Address 5038 N Prospect
City State Zip Code
Peoria IL 61616
FEC ID number of contributing federal political committee. **C**
Name of Employer Peoria Chiefs Occupation Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7
Transaction ID: SA11AI.4518
Amount of Each Receipt this Period
250.00
CCP Fundraiser
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1400.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Royal Coulter

Mailing Address 11932 Hickory Springs Dr

City State Zip Code
Brimfield IL 61517

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

Name of Employer Peoria Disposal Company Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Chris Cusack

Mailing Address 4507 N Sterling Ave Suite 402

City State Zip Code
Peoria IL 61615

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

Name of Employer Direct Logic Solutions Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

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

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

Mailing Address 1406 Fayette

City State Zip Code
Washington IL 61571

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

Name of Employer Commerce Bank Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Daly

Mailing Address 901 W Northcrest Ave

City Peoria State IL Zip Code 61614

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

Name of Employer Busey Bank Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2007

Transaction ID: SA11AI.4522

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
David Demirjian

Mailing Address 5659 Thurlow

City Hinsdale State IL Zip Code 60521

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

Name of Employer ZuChem Inc Occupation Biotech

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 14 / 2008

Transaction ID: SA11AI.4975

Amount of Each Receipt this Period 500.00

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

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

Mailing Address 414 W Altorfer Ln

City Peoria State IL Zip Code 61615

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

Name of Employer Apple's Northside Market Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 01 / 07 / 2008

Transaction ID: SA11AI.4761

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Eathington
Mailing Address 11715 N Strathmoore Ct
City Dunlap State IL Zip Code 61525
FEC ID number of contributing federal political committee. **C**
Name of Employer Husch & Eppenberger Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 01 / 14 / 2008
Transaction ID: SA11AI.4861
Amount of Each Receipt this Period 250.00
Hahn Fundraiser - Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Brent Eichelberger
Mailing Address 10116 Hopedale Rd
City Hopedale State IL Zip Code 61747
FEC ID number of contributing federal political committee. **C**
Name of Employer Commerce Bank Occupation Banker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 01 / 15 / 2008
Transaction ID: SA11AI.4878
Amount of Each Receipt this Period 500.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Timothy Elder
Mailing Address 918 W Bridgetowne Ct
City Dunlap State IL Zip Code 61525
FEC ID number of contributing federal political committee. **C**
Name of Employer Caterpillar Inc Occupation Management
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 12 / 14 / 2007
Transaction ID: SA11AI.4653
Amount of Each Receipt this Period 500.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 19 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Keith Erickson
Mailing Address 6707 N Greenmont Rd
City Peoria State IL Zip Code 61614
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 12 / 22 / 2007
Transaction ID: SA11AI.4711
Amount of Each Receipt this Period 1000.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary Alice Erickson
Mailing Address 6707 N Greenmont Rd
City Peoria State IL Zip Code 61614
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 11 / 25 / 2007
Transaction ID: SA11AI.5039
Amount of Each Receipt this Period 500.00
Online
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary Alice Erickson
Mailing Address 6707 N Greenmont Rd
City Peoria State IL Zip Code 61614
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 12 / 22 / 2007
Transaction ID: SA11AI.4709
Amount of Each Receipt this Period 1000.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 107

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Mary Alice Erickson

Mailing Address 6707 N Greenmont Rd

City Peoria State IL Zip Code 61614

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1784.79

Date of Receipt M M / D D / Y Y Y Y
01 / 07 / 2008

Transaction ID: SA11AI.5020

Amount of Each Receipt this Period 284.79

In-kind - Mailing - Postage & Materials
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Kent Falknor

Mailing Address 617 Floral Ave

City Terrace Park State OH Zip Code 45174

FEC ID number of contributing federal political committee. C

Name of Employer Sun Microsystems Occupation Sales

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2300.00

Date of Receipt M M / D D / Y Y Y Y
10 / 28 / 2007

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period 2300.00

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

C.

Full Name (Last, First, Middle Initial)
Richard Fehrenbacher

Mailing Address 715 W Bennett Ct

City Dunlap State IL Zip Code 61525

FEC ID number of contributing federal political committee. C

Name of Employer Fehrenbacher & Fehrenbacher PC Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt M M / D D / Y Y Y Y
01 / 14 / 2008

Transaction ID: SA11AI.4978

Amount of Each Receipt this Period 750.00

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

SUBTOTAL of Receipts This Page (optional) 3334.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Jeff Fick		Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 2253 W Augusta Dr		Transaction ID: SA11AI.5041
	City Dunlap	State IL	Zip Code 61525
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer RLI	Occupation Executive	Online <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	

B.	Full Name (Last, First, Middle Initial) Nancy Fishman		Date of Receipt MM / DD / YYYY 11 / 29 / 2007
	Mailing Address 2722 W Agatite Ave		Transaction ID: SA11AI.4496
	City Chicago	State IL	Zip Code 60625
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Grand Victoria Foundation	Occupation Grant Maker	Check <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	

C.	Full Name (Last, First, Middle Initial) John Gibson		Date of Receipt MM / DD / YYYY 11 / 12 / 2007
	Mailing Address 1627 W Columbia Ter		Transaction ID: SA11AI.4628
	City Peoria	State IL	Zip Code 61606
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Retired	Occupation Retired	CCP Fundraiser <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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Jack Gilligan
Mailing Address 634 Northern Oaks Dr
City Groveland State IL Zip Code 61535
FEC ID number of contributing federal political committee. **C**
Name of Employer Fayette Companies Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 12 / 24 / 2007
Transaction ID: SA11AI.4705
Amount of Each Receipt this Period 250.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susan Gorman
Mailing Address 215 Elgin
City Washington State IL Zip Code 61571
FEC ID number of contributing federal political committee. **C**
Name of Employer ICC PTAC Occupation Executive Director
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.4536
Amount of Each Receipt this Period 250.00
CCP Fundraiser
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Antonio Jose Gracias
Mailing Address 601 N Kenilworth
City Oak Brook State IL Zip Code 60302
FEC ID number of contributing federal political committee. **C**
Name of Employer Valor Equity Partners Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 10 / 11 / 2007
Transaction ID: SA11AI.4154
Amount of Each Receipt this Period 2300.00
Check contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Lee Graves</p> <p>Mailing Address 211 W Northgate Rd</p> <p>City State Zip Code Peoria IL 61614</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ELM Enterprises, LLC Attorney/CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4937</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Online <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Frank Griffin</p> <p>Mailing Address 39W832 N Robert Frost Circle</p> <p>City State Zip Code St Charles IL 60715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Grubb & Ellis Real Estate</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4675</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Frank Griffin</p> <p>Mailing Address 39W832 N Robert Frost Circle</p> <p>City State Zip Code St Charles IL 60715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Grubb & Ellis Real Estate</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4671</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

SUBTOTAL of Receipts This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Jill Griffin

Mailing Address 39W832 N Robert Frost Circle

City State Zip Code
St Charles IL 60715

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: SA11AI.4676

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Jill Griffin

Mailing Address 39W832 N Robert Frost Circle

City State Zip Code
St Charles IL 60715

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

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

Transaction ID: SA11AI.4673

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Thomas Harrington

Mailing Address 201 Springfield Ave

City State Zip Code
Champaign IL 61820

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

Name of Employer Devonshire Group Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

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

Transaction ID: SA11AI.4659

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Timothy Harrington	Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 1501 Waterford Place	Transaction ID: SA11AI.4657
	City State Zip Code Champaign IL 61821	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Devonshire Group Realtor	
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) James Hefti	Date of Receipt MM / DD / YYYY 01 / 03 / 2008
	Mailing Address 6814 N Greenwich Place	Transaction ID: SA11AI.4683
	City State Zip Code Peoria IL 61615	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation ATS VP Human Resources	
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) Dean Heinzmann	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 5725 W Forestwood Dr	Transaction ID: SA11AI.4594
	City State Zip Code Peoria IL 61615	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CCP Fundraiser <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation LaSalle Bank Banker	
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Henderson
Mailing Address 5302 N Weaver Ridge
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Illinois Bank Occupation Executive
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1300.00
Date of Receipt 11 / 05 / 2007
Transaction ID: SA11AI.4187
Amount of Each Receipt this Period 1300.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Henderson
Mailing Address 5302 N Weaver Ridge
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Illinois Bank Occupation Executive
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1800.00
Date of Receipt 11 / 17 / 2007
Transaction ID: SA11AI.4621
Amount of Each Receipt this Period 500.00
CCP Fundraiser
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eric Hinton
Mailing Address 741 W Brookforest Dr
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Caterpillar Occupation Attorney
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00
Date of Receipt 12 / 05 / 2007
Transaction ID: SA11AI.4924
Amount of Each Receipt this Period 500.00
Online
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

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

Mailing Address 4210 Alden Rd

City State Zip Code
Woodstock IL 60098

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

Date of Receipt MM / DD / YYYY
10 / 19 / 2007

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Karen Jensen

Mailing Address 823 W Bennett

City State Zip Code
Dunlap IL 61525

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Farnsworth Group Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt MM / DD / YYYY
01 / 14 / 2008

Transaction ID: SA11AI.4977

Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Paula Johnsen

Mailing Address 1104 W Scottwood Dr

City State Zip Code
Peoria IL 61615

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Dunlap School District Teacher

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

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4655

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) 3300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Peter Johnsen
 Mailing Address 1104 W Scottwood Dr
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bradley University Occupation Provost
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt 10 / 31 / 2007
Transaction ID: SA11AI.4230
 Amount of Each Receipt this Period 2300.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
A Richard Kriegsman
 Mailing Address PO Box 874
 City Pekin State IL Zip Code 61555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kriegsman Warehouse Occupation Management
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt 10 / 25 / 2007
Transaction ID: SA11AI.4244
 Amount of Each Receipt this Period 500.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jeremy Krock
 Mailing Address 733 W Brookforest Dr
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Anesthesiologists Occupation Physician
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Date of Receipt 01 / 11 / 2008
Transaction ID: SA11AI.4887
 Amount of Each Receipt this Period 500.00
 Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3300.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Randy Lawson		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 1522 W Timberdale Dr		Transaction ID: SA11AI.5051
	City Dunlap	State IL	Zip Code 61525
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Lawson Development Group	Occupation President	Online <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
---	-------------------------------------

B.	Full Name (Last, First, Middle Initial) Stuart Levenick		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 5956 N Elm Ln		Transaction ID: SA11AI.4214
	City Peoria	State IL	Zip Code 61614
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Caterpillar Inc	Occupation Executive	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2007 <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) Muriel Lee Lewis		Date of Receipt MM / DD / YYYY 10 / 24 / 2007
	Mailing Address 2175 W Southern #48		Transaction ID: SA11AI.4222
	City Apache Junction	State AZ	Zip Code 85220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Retired	Occupation Retired	Check <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
---	-------------------------------------

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Noel Liston

Mailing Address 913 N Brainbard Ave

City State Zip Code
La Grange Park IL 60526

FEC ID number of contributing federal political committee. C

Name of Employer Darwin Realty Occupation Owner

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

250.00

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

Transaction ID: SA11AI.4238

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Roger Luman

Mailing Address 501 E Prospect Ln

City State Zip Code
Peoria IL 61614

FEC ID number of contributing federal political committee. C

Name of Employer Turner Center - Bradley Univ Occupation Director

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

275.00

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

Transaction ID: SA11AI.4713

Amount of Each Receipt this Period
275.00

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

C. Full Name (Last, First, Middle Initial)
Thomas Martin

Mailing Address 391 1600th Ave

City State Zip Code
Mt Pulaski IL 61548

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Agri Business

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

2300.00

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

Transaction ID: SA11AI.4944

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) 2825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Arthur D Mason

Mailing Address 3302 Rolling Road

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Cassidy & Associates Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Jonathan Micahel

Mailing Address 12706 Georgetowne Rd

City State Zip Code
Dunlap IL 61525

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

Name of Employer Occupation
RLI Insurance Company Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.4487

Amount of Each Receipt this Period
2000.00

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

C.

Full Name (Last, First, Middle Initial)
Rhonda Milburn

Mailing Address 803 W Pioneer Pkwy

City State Zip Code
Peoria IL 61615

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

Name of Employer Occupation
Jim Maloof Realtor Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Transaction ID: SA11AI.4530

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Earl Sandy Moldovan

Mailing Address 206 Harbor Pointe Dr

City East Peoria State IL Zip Code 61611

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

Name of Employer STS Consultants Occupation Consultant Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2007
Transaction ID: SA11AI.4566
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Earl Sandy Moldovan

Mailing Address 206 Harbor Pointe Dr

City East Peoria State IL Zip Code 61611

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

Name of Employer STS Consultants Occupation Consultant Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 12 / 31 / 2007
Transaction ID: SA11AI.4943
 Amount of Each Receipt this Period 1300.00

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

C. Full Name (Last, First, Middle Initial)
Christopher Monroe

Mailing Address 6915 N Knoxville Ave

City Peoria State IL Zip Code 61614

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

Name of Employer Family Medical Equipment Co Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.4532
 Amount of Each Receipt this Period 500.00

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

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 107 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Richard Morton</p> <p>Mailing Address 919 3rd Ave Flr 39</p> <p>City State Zip Code New York NY 10022</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Ashley Capital Occupation Real Estate</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt <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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11AI.4220</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) Fritz Mueller</p> <p>Mailing Address 313 Portland Dr</p> <p>City State Zip Code Huron OH 44839</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ICI Paints Occupation Finance Manager</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 250.00</p>	<p>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>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11AI.4640</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	1		2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) Richard Niemann</p> <p>Mailing Address 2408 Old Orchard Rd</p> <p>City State Zip Code Quincy IL 62301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Nieman Foods, Inc Occupation Chairman</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 250.00</p>	<p>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>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: SA11AI.4695</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	7												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 34 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Timothy O'Hanlon

Mailing Address 804 W Scottwood Dr

City Peoria State IL Zip Code 61615

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2007
Transaction ID: SA11AI.4624
 Amount of Each Receipt this Period 300.00

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

B. Full Name (Last, First, Middle Initial)
Diane Oberhelman

Mailing Address 6005 N Kickapoo Edwards Rd

City Edwards State IL Zip Code 61528

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

Name of Employer Cullinan Properties Occupation Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.4319
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Douglas Oberhelman

Mailing Address 6005 N Kickapoo Edwards Rd

City Edwards State IL Zip Code 61528

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

Name of Employer Caterpillar Inc Occupation Group President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.4317
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) James Owens		Date of Receipt
	Mailing Address 5504 N Prospect Rd		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
	City	State	Zip Code
	Peoria Heights	IL	61616
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Caterpillar Inc		Occupation CEO	Transaction ID: SA11AI.4646
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	Check
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Jeffrey Owens		Date of Receipt
	Mailing Address 317 E Morningside Dr		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
	City	State	Zip Code
	Peoria	IL	61614
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ATS		Occupation Executive	Transaction ID: SA11AI.4685
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	Check
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Ronald Palmer		Date of Receipt
	Mailing Address 11944 Hickory Grove Rd		<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/>
	City	State	Zip Code
	Dunlap	IL	61525
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Great Plains Orthopaedics		Occupation Physician	Transaction ID: SA11AI.4564
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	CCP Fundraiser
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) William Pape</p> <p>Mailing Address 11230 N Oak Trail Dr</p> <p>City Peoria State IL Zip Code 61615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lincoln Office Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4216</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) William Pape</p> <p>Mailing Address 11230 N Oak Trail Dr</p> <p>City Peoria State IL Zip Code 61615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lincoln Office Occupation Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4715</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Roberta M Parks</p> <p>Mailing Address 401 SW Water #802</p> <p>City Peoria State IL Zip Code 61602</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Peoria Area Chamber of Commerce Occupation Vice President / COO</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 7</p> <p>Transaction ID: SA11AI.4147</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Roberta M Parks

Mailing Address 401 SW Water #802

City Peoria State IL Zip Code 61602

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

Name of Employer Peoria Area Chamber of Commerce
Occupation Vice President / COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 12 / 16 / 2007
Transaction ID: SA11AI.4652
 Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Randy Prince

Mailing Address 4636 Havenwood Ct

City Decatur State IL Zip Code 62526

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

Name of Employer Decatur Chamber of Commerce
Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2008
Transaction ID: SA11AI.4889
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Charles Purcell

Mailing Address 813 W Savanna Ct

City Dunlap State IL Zip Code 61525

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

Name of Employer G&D Integrated
Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 11 / 13 / 2007
Transaction ID: SA11AI.4315
 Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 107

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Michael Quine

Mailing Address 12438 Cove Ct

City Dunlap State IL Zip Code 61525

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 ▼ 2300.00

Date of Receipt MM / DD / YYYY
11 / 28 / 2007

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period 1300.00

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

B.

Full Name (Last, First, Middle Initial)
Frank Rezac

Mailing Address 510 W Richwoods Blvd

City Peoria State IL Zip Code 61604

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 MM / DD / YYYY
01 / 07 / 2008

Transaction ID: SA11AI.4769

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
James Richmond

Mailing Address 4901 N Grandview Dr

City Peoria State IL Zip Code 61616

FEC ID number of contributing federal political committee. C

Name of Employer eServ Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2007

Transaction ID: SA11AI.4650

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) 3850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Dorothy Ritschel		Date of Receipt MM / DD / YYYY 11 / 17 / 2007
	Mailing Address 401 SW Water St Apt 806		Transaction ID: SA11AI.4622
	City Peoria	State IL	Zip Code 61602
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Peoria Civic Center	Occupation Executive	CCP Fundraiser
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Merle Rocke		Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 410 Oak Valley Drive		Transaction ID: SA11AI.4928
	City Goodfield	State IL	Zip Code 61742
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer CGN & Associates	Occupation Corporate Officer	Online
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Stephen Roehm		Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address 1315 Featherwood		Transaction ID: SA11AI.4560
	City Dunlap	State IL	Zip Code 61525
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Orthodontist	CCP Fundraiser
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 107
	<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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) William Rutherford		Date of Receipt
	Mailing Address 9660 Wolf Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Geneseo	IL	61254
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4323
Name of Employer Self		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Check
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Julie Scott		Date of Receipt
	Mailing Address 25 Holborn		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Washington	IL	61571
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4608
Name of Employer Peoria Public Schools		Occupation Teacher	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Check
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Frank Shafer		Date of Receipt
	Mailing Address RR1 Box 125		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Wyoming	IL	61491
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4980
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 150.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			Online
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 107
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Gerald Shaheen</p> <p>Mailing Address 119 E Pawnee Ct</p> <p>City Peoria State IL Zip Code 61615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Caterpillar Occupation Executive</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <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>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: SA11AI.4562</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1000.00</td> </tr> </table> </p> <p>CCP Fundraiser</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	1	/	2	0	0	7													
1000.00																						

<p>B. Full Name (Last, First, Middle Initial) Jennifer Sherwood</p> <p>Mailing Address 501 Ed Taft Dr</p> <p>City Smithville State TN Zip Code 37166</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation None</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <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>1</td><td>1</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> </p> <p>Transaction ID: SA11AI.4604</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">500.00</td> </tr> </table> </p> <p>Check</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	4	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	4	/	2	0	0	7													
500.00																						

<p>C. Full Name (Last, First, Middle Initial) Jeanine Spain</p> <p>Mailing Address 6233 N Post Oak Rd</p> <p>City Peoria State IL Zip Code 61615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Methodist Medical Center Occupation Administration</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <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>1</td><td>1</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> </p> <p>Transaction ID: SA11AI.4301</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">300.00</td> </tr> </table> </p> <p>Check</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	7	300.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	7													
300.00																						

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">1800.00</td> </tr> </table>	1800.00
1800.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%;"> <tr> <td style="height: 20px;"></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 107
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Paul S Spencer, Jr.</p> <p>Mailing Address 1543 S Mara Dr</p> <p>City State Zip Code Apache Junction AZ 85220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 20 / 2007</p> <p>Transaction ID: SA11AI.4141</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Check Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Paul S Spencer, Jr.</p> <p>Mailing Address 1543 S Mara Dr</p> <p>City State Zip Code Apache Junction AZ 85220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2007</p> <p>Transaction ID: SA11AI.4913</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Online <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Paul S Spencer, Jr.</p> <p>Mailing Address 1543 S Mara Dr</p> <p>City State Zip Code Apache Junction AZ 85220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1250.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 20 / 2007</p> <p>Transaction ID: SA11AI.4932</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Online <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Keith Steffen

Mailing Address 8 Kara Court

City Washington State IL Zip Code 61571

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

Name of Employer OSF Saint Francis Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2007

Transaction ID: SA11AI.5056

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Douglas Stewart

Mailing Address 1220 N Olde Farm Rd

City East Peoria State IL Zip Code 61611

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

Name of Employer National City Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 01 / 11 / 2008

Transaction ID: SA11AI.4885

Amount of Each Receipt this Period 2000.00

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

C.

Full Name (Last, First, Middle Initial)
Anton Stricker

Mailing Address 48 N Ayer St

City Harvard State IL Zip Code 60033

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

Name of Employer Swiss Maid Bakery Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2007

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Shirley Stricker

Mailing Address 48 N Ayer St

City State Zip Code
Harvard IL 60033

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

Name of Employer Occupation
Swiss Maid Bakery Owner

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

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11AI.4716

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

B.

Full Name (Last, First, Middle Initial)
Lee Swardenski

Mailing Address 6211 N Jamestown Rd

City State Zip Code
Peoria IL 61615

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

Name of Employer Occupation
Alliance Benefit Group Insurance

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

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11AI.5033

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

C.

Full Name (Last, First, Middle Initial)
Paul Tenarvitz

Mailing Address 9833 N Townsend Dr

City State Zip Code
Peoria IL 61615

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

Name of Employer Occupation
First Bank Banker

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

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11AI.4471

Check
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Jay Vonachen

Mailing Address PO Box 3860

City Peoria State IL Zip Code 61612

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

Name of Employer Vonachen Services Inc Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2007

Transaction ID: SA11AI.4554

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
William Wahl

Mailing Address 1700 W Luthy Dr

City Peoria State IL Zip Code 61615

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

Name of Employer Dynamic Controls Inc Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2007

Transaction ID: SA11AI.4698

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Dan Walter

Mailing Address 545 Medford Dr

City South Elgin State IL Zip Code 60177

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

Name of Employer Mizerow Insurance Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 26 / 2007

Transaction ID: SA11AI.4689

Amount of Each Receipt this Period 250.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Dave Walty

Mailing Address 104 Dupree Ct

City Washington State IL Zip Code 61571

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

Name of Employer Heart Technologies Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 01 / 15 / 2008

Transaction ID: SA11AI.5074

Amount of Each Receipt this Period 1500.00

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

B.

Full Name (Last, First, Middle Initial)
David Wentworth, II

Mailing Address 1528 Moss Ave

City Peoria State IL Zip Code 61606

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

Name of Employer Hasselberg, Williams, Grebe, S Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2007

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Thomas Williams, Jr.

Mailing Address 7422 N Edgewild Dr

City Peoria State IL Zip Code 61614

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

Name of Employer Williams Bros Const Inc Occupation Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2007

Transaction ID: SA11AI.4516

Amount of Each Receipt this Period 500.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
Debra Wisdom
Mailing Address 6803 N Stonecrest Ct
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2300.00
Date of Receipt 11 / 20 / 2007
Transaction ID: SA11AI.4546
Amount of Each Receipt this Period 2300.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Wisdom
Mailing Address 6803 N Stonecrest Ct
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Wisdom Development Group Occupation Developer
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2300.00
Date of Receipt 11 / 20 / 2007
Transaction ID: SA11AI.4544
Amount of Each Receipt this Period 2300.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Janet Wright
Mailing Address 9842 N Thousand Oaks Ct
City Peoria State IL Zip Code 61615
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Illinois Business Publ Occupation Publisher
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00
Date of Receipt 10 / 28 / 2007
Transaction ID: SA11AI.4218
Amount of Each Receipt this Period 500.00
Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5100.00
TOTAL This Period (last page this line number only) ► 104991.28

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Citizens for Risinger

Mailing Address PO Box 10036

City State Zip Code
Peoria IL 61612

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 1 / 1 2 / 2 0 0 8

Transaction ID: SA11B.4874

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER: PAGE 49 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
COMMERCE BANCS PAC

Mailing Address 922 WALNUT SUITE 800
PO BOX 13686

City KANSAS CITY State MO Zip Code 64199

FEC ID number of contributing federal political committee. **C** C00072967

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
10 / 19 / 2007

Transaction ID: SA11C.4171

Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
COMMERCE BANCS PAC

Mailing Address 922 WALNUT SUITE 800
PO BOX 13686

City KANSAS CITY State MO Zip Code 64199

FEC ID number of contributing federal political committee. **C** C00072967

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
01 / 15 / 2008

Transaction ID: SA11C.4877

Amount of Each Receipt this Period 1500.00

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

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

Mailing Address 922 WALNUT SUITE 800
PO BOX 13686

City KANSAS CITY State MO Zip Code 64199

FEC ID number of contributing federal political committee. **C** C00072967

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt MM / DD / YYYY
01 / 15 / 2008

Transaction ID: SA11C.5090

Amount of Each Receipt this Period -700.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial)
COMMERCE BANCS PAC

Mailing Address 922 WALNUT SUITE 800
PO BOX 13686

City KANSAS CITY State MO Zip Code 64199

FEC ID number of contributing federal political committee. **C** C00072967

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

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

Transaction ID: SA11C.5091

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 11007

City Birmingham State AL Zip Code 35388

FEC ID number of contributing federal political committee. **C** C00432252

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
 0 1 / 1 0 / 2 0 0 8

Transaction ID: SA11C.4884

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **500.00**

TOTAL This Period (last page this line number only) ► **3500.00**

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

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

FOR LINE NUMBER: PAGE 51 / 107
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Jim McConoughey
 Mailing Address 11616 N Strathmoore Ct
 City State Zip Code
 Dunlap IL 61525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Heartland Partnership President/CEO
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 150000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 7
Transaction ID: SA13A.4152
 Amount of Each Receipt this Period
 100000.00
 Loan Guaranteed by Jim McConoughey
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Jim McConoughey
 Mailing Address 11616 N Strathmoore Ct
 City State Zip Code
 Dunlap IL 61525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Heartland Partnership President/CEO
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 170000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 0 7
Transaction ID: SA13A.4207
 Amount of Each Receipt this Period
 20000.00
 Loan
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	120000.00
TOTAL This Period (last page this line number only)	▶	120000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 107
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

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

Mailing Address 416 Main St

City State Zip Code
Peoria IL 61602

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10.00

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

Transaction ID: SA15.4777

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional) ► **0.00**

TOTAL This Period (last page this line number only) ► **0.00**

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) AmerenCILCO	Transaction ID: SB17.4740 Date of Disbursement 12 / 21 / 2007
	Mailing Address PO Box 66826	Amount of Each Disbursement this Period 334.53
	City St Louis State MO Zip Code 63166	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities - Electricity Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Suzy Amiano	Transaction ID: SB17.4352 Date of Disbursement 10 / 15 / 2007
	Mailing Address 813 Canterbury Ln	Amount of Each Disbursement this Period 2500.00
	City Bourbonnais State IL Zip Code 60914	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement October 2007 Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Suzy Amiano	Transaction ID: SB17.4399 Date of Disbursement 11 / 05 / 2007
	Mailing Address 813 Canterbury Ln	Amount of Each Disbursement this Period 490.20
	City Bourbonnais State IL Zip Code 60914	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	3324.73
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Suzy Amiano <hr/> Mailing Address 813 Canterubry Ln <hr/> City Bourbonsnais State IL Zip Code 60914 <hr/> Purpose of Disbursement November Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4325 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Suzy Amiano <hr/> Mailing Address 813 Canterubry Ln <hr/> City Bourbonsnais State IL Zip Code 60914 <hr/> Purpose of Disbursement December 2007 Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4734 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Suzy Amiano <hr/> Mailing Address 813 Canterubry Ln <hr/> City Bourbonsnais State IL Zip Code 60914 <hr/> Purpose of Disbursement In-kind - Flowers from Gregg Florist Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4898 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 62.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5062.25

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

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)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Suzy Amiano</p> <p>Mailing Address 813 Canterubry Ln</p> <p>City Bourbonnais State IL Zip Code 60914</p> <p>Purpose of Disbursement Reimbursement - Office Supplies</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4830</p> <p>Date of Disbursement 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 109.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) at&t</p> <p>Mailing Address PO Box 8105</p> <p>City Aurora State IL Zip Code 60507-8105</p> <p>Purpose of Disbursement Phone and data</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4422</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 286.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) at&t</p> <p>Mailing Address PO Box 8105</p> <p>City Aurora State IL Zip Code 60507-8105</p> <p>Purpose of Disbursement Phone and data bill</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4391</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 833.61</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) ▶

1230.08

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Martin Best	Transaction ID: SB17.4906 Date of Disbursement 11 / 28 / 2007
	Mailing Address 1512 E Moneta Ave	Amount of Each Disbursement this Period 915.75
	City Peoria Heights State IL Zip Code 61616	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind - Peoria Country Club Fundraiser Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Terry Best	Transaction ID: SB17.4909 Date of Disbursement 11 / 28 / 2007
	Mailing Address 1512 E Moneta Ave	Amount of Each Disbursement this Period 915.74
	City Peoria Heights State IL Zip Code 61616	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind - Country Club Fundraiser Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: SB17.4183 Date of Disbursement 10 / 15 / 2007
	Mailing Address 5001 N Big Hollow Rd	Amount of Each Disbursement this Period 409.30
	City Peoria State IL Zip Code 61615	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printer and cartridge Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2240.79
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Matt Bisbee

Mailing Address 785 N Dean

City Bushnell State IL Zip Code 61422

Purpose of Disbursement
Reimbursement - postage

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5060
Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

544.00

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

B.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 95 State St

City Peoria State IL Zip Code 61601

Purpose of Disbursement
Postage

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.5060.0
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

544.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Matt Bisbee

Mailing Address 785 N Dean

City Bushnell State IL Zip Code 61422

Purpose of Disbursement
Mileage and Reimbursement

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4400
Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

1140.88

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

SUBTOTAL of Disbursements This Page (optional)

1684.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Matt Bisbee <hr/> Mailing Address 785 N Dean <hr/> City Bushnell State IL Zip Code 61422 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4381 Date of Disbursement 12 / 03 / 2007 <hr/> Amount of Each Disbursement this Period 22.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Matt Bisbee <hr/> Mailing Address 785 N Dean <hr/> City Bushnell State IL Zip Code 61422 <hr/> Purpose of Disbursement Nov-Dec 2007 Mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4718 Date of Disbursement 12 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 1635.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Matt Bisbee <hr/> Mailing Address 785 N Dean <hr/> City Bushnell State IL Zip Code 61422 <hr/> Purpose of Disbursement Cell Phone Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4719 Date of Disbursement 12 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 1219.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2877.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17.4719.0 Date of Disbursement 12 / 31 / 2007
	Mailing Address 777 Big Timber Rd	Amount of Each Disbursement this Period 1219.03
	City Elgin State IL Zip Code 60123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Oct-Dec 07 Cell Phone Bill Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bright Idea	Transaction ID: SB17.4162 Date of Disbursement 10 / 03 / 2007
	Mailing Address 1001 W Burnside Dr	Amount of Each Disbursement this Period 1263.82
	City Peoria State IL Zip Code 61614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Marketing Candidate Name	006 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bright Idea	Transaction ID: SB17.4338 Date of Disbursement 11 / 19 / 2007
	Mailing Address 1001 W Burnside Dr	Amount of Each Disbursement this Period 578.19
	City Peoria State IL Zip Code 61614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Marketing reimbursements Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1842.01
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
A Cheep Tee

Mailing Address 2619 N Sheridan Rd

City Peoria State IL Zip Code 61604

Purpose of Disbursement
50 white t-shirts

Candidate Name

004
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4338.0
Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

459.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Club Quarters

Mailing Address 111 W Adams St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Debit Card - Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4803
Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

323.58

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

C.

Full Name (Last, First, Middle Initial)
D. Joseph Sons & Assoc

Mailing Address 5001 N University

City Peoria State IL Zip Code 61614

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4436
Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

823.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) D. Joseph Sons & Assoc	Transaction ID: SB17.4386 Date of Disbursement 11 / 30 / 2007
	Mailing Address 5001 N University	Amount of Each Disbursement this Period 500.00
	City Peoria State IL Zip Code 61614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) D. Joseph Sons & Assoc	Transaction ID: SB17.4732 Date of Disbursement 12 / 21 / 2007
	Mailing Address 5001 N University	Amount of Each Disbursement this Period 500.00
	City Peoria State IL Zip Code 61614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement December 2007 Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mary Alice Erickson	Transaction ID: SB17.5021 Date of Disbursement 01 / 07 / 2008
	Mailing Address 6707 N Greenmont Rd	Amount of Each Disbursement this Period 284.79
	City Peoria State IL Zip Code 61614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-kind - Mailing - Postage & Materials Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1284.79
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Ginger Hermann</p> <p>Mailing Address 10 Lincoln Court</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement October consulting</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4398</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Ginger Hermann</p> <p>Mailing Address 10 Lincoln Court</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement October mileage and reimbursement</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4429</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 75.95</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) Ginger Hermann</p> <p>Mailing Address 10 Lincoln Court</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement November Consulting</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4388</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4875.95

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)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Ginger Hermann</p> <p>Mailing Address 10 Lincoln Court</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement Reimbursement and mileage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4383 Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 135.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Office Max #941</p> <p>Mailing Address 200 Riverside Drive</p> <p>City East Peoria State IL Zip Code 61611</p> <p>Purpose of Disbursement Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4383.0 Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 6129.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Office Max #941</p> <p>Mailing Address 200 Riverside Drive</p> <p>City East Peoria State IL Zip Code 61611</p> <p>Purpose of Disbursement Office Supplies Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4383.1 Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 26.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	135.25
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

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)
Jim McConoughey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ginger Hermann</p> <p>Mailing Address 10 Lincoln Court</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement December Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4728</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ginger Hermann</p> <p>Mailing Address 10 Lincoln Court</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4839</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 72.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kent Gray, Attorney at Law, Chartered</p> <p>Mailing Address PO Box 13084</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Petition review</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.4333</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 786.25</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) ▶

3258.52

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Kwik Kopy</p> <p>Mailing Address 3831 N Sheridan Rd</p> <p>City Peoria State IL Zip Code 61614</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4394</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 853.91</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) Lincoln Office</p> <p>Mailing Address 77 Commerce Dr</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement Office furniture setup and delivery</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4416</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 950.00</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) Lincoln Office</p> <p>Mailing Address 77 Commerce Dr</p> <p>City Morton State IL Zip Code 61550</p> <p>Purpose of Disbursement Office furniture rental</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4418</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 155.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1958.91

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Lincoln Office Mailing Address 77 Commerce Dr City Morton State IL Zip Code 61550 Purpose of Disbursement Office Furniture Rental Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4729 Date of Disbursement 12 / 21 / 2007 Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation Mailing Address 250 N Sunny Slope Suite 300 City Brookfield State WI Zip Code 53005 Purpose of Disbursement Online Fee Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.5050 Date of Disbursement 11 / 26 / 2007 Amount of Each Disbursement this Period 9.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation Mailing Address 250 N Sunny Slope Suite 300 City Brookfield State WI Zip Code 53005 Purpose of Disbursement Online Fee Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.5053 Date of Disbursement 11 / 26 / 2007 Amount of Each Disbursement this Period 60.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

225.00

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

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.4956 Date of Disbursement 11 / 27 / 2007
	Mailing Address 250 N Sunny Slope Suite 300	Amount of Each Disbursement this Period 3.50
	City Brookfield State WI Zip Code 53005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Online Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.5043 Date of Disbursement 11 / 27 / 2007
	Mailing Address 250 N Sunny Slope Suite 300	Amount of Each Disbursement this Period 15.50
	City Brookfield State WI Zip Code 53005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Online Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation	Transaction ID: SB17.4957 Date of Disbursement 12 / 05 / 2007
	Mailing Address 250 N Sunny Slope Suite 300	Amount of Each Disbursement this Period 30.50
	City Brookfield State WI Zip Code 53005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Online Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	49.50
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

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)
Jim McConoughey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4958</p> <p>Date of Disbursement 12 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 9.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4959</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 15.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4960</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 30.50</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)	55.50
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4961 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7	Amount of Each Disbursement this Period 15.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4962 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 7	Amount of Each Disbursement this Period 3.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4963 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 7	Amount of Each Disbursement this Period 6.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	25.50
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

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4964</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 138.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4965</p> <p>Date of Disbursement 12 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 6.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4966</p> <p>Date of Disbursement 12 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 18.50</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)	163.50
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4967 Date of Disbursement 12 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 78.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4968 Date of Disbursement 01 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 138.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4969 Date of Disbursement 01 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 3.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	220.50
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

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4970 Date of Disbursement 01 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 30.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4971 Date of Disbursement 01 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 30.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation <hr/> Mailing Address 250 N Sunny Slope Suite 300 <hr/> City Brookfield State WI Zip Code 53005 <hr/> Purpose of Disbursement Online Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4972 Date of Disbursement 01 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 45.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

106.50

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

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)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Maelstrom Solutions Corporation</p> <p>Mailing Address 250 N Sunny Slope Suite 300</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Online Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4973</p> <p>Date of Disbursement 01 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 9.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Gina McConoughey</p> <p>Mailing Address 11616 N Strathmoore Ct</p> <p>City Dunlap State IL Zip Code 61525</p> <p>Purpose of Disbursement Office Supplies and Parade Reimbursement</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4355</p> <p>Date of Disbursement 10 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 761.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lowe's Home Centers, Inc</p> <p>Mailing Address 5001 N Big Hollow Rd</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement Office Paint</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4355.0</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 375.40</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) ►

770.99

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Jim McConoughey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 4100 W Willow Knolls Dr</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement Parade Candy</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4355.2</p> <p>Date of Disbursement 09 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 146.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 4100 W Willow Knolls Dr</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4355.3</p> <p>Date of Disbursement 10 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 142.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gina McConoughey</p> <p>Mailing Address 11616 N Strathmoore Ct</p> <p>City Dunlap State IL Zip Code 61525</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4345</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 133.73</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)	133.73
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: SB17.4345.0 Date of Disbursement
	Mailing Address 95 State St	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City Peoria State IL Zip Code 61601	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="133.73"/>
	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	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Gina McConoughey	Transaction ID: SB17.4845 Date of Disbursement
	Mailing Address 11616 N Strathmoore Ct	<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Dunlap State IL Zip Code 61525	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement	<input type="text" value="714.21"/>
	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	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: SB17.4845.3 Date of Disbursement
	Mailing Address 10420 State St	<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Mossville State IL Zip Code 61552	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="205.00"/>
	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	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="714.21"/>
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 checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Jim McConoughey

Transaction ID: SB17.4425
Date of Disbursement

Mailing Address 11616 N Strathmoore Ct

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

City Dunlap State IL Zip Code 61525

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimbursement - hotel

002
Category/ Type

217.98

Candidate Name
Jim McConoughey

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

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IL District: 18

B.

Full Name (Last, First, Middle Initial)
Fairfield Inn

Transaction ID: SB17.4425.0
Date of Disbursement

Mailing Address 1417 Hickory Pt Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	7

City Forsyth State IL Zip Code 62535

Amount of Each Disbursement this Period

Purpose of Disbursement
Hotel cost

002
Category/ Type

217.98

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Travis McGlasson

Transaction ID: SB17.4173
Date of Disbursement

Mailing Address 628 County Road 850 N

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

City Sparland State IL Zip Code 61565

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimbursement

001
Category/ Type

355.83

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

573.81

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Travis McGlasson

Mailing Address 628 County Road 850 N

City Sparland State IL Zip Code 61565

Purpose of Disbursement
Reimbursement

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4406
Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

100.85

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

B.

Full Name (Last, First, Middle Initial)
Peoria County Republican Party

Mailing Address 8835 N Knoxville Ave

City Peoria State IL Zip Code 61615

Purpose of Disbursement
Lincoln Day Dinner Table

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4362
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

550.00

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

C.

Full Name (Last, First, Middle Initial)
Peoria Flag & Decorating

Mailing Address 920 E Glen Ave

City Peoria State IL Zip Code 61616

Purpose of Disbursement
Flags

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4396
Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

258.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

908.85

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
PTC Select

Mailing Address 2450 N Knoxville Ave

City Peoria State IL Zip Code 61604

Purpose of Disbursement
Toner

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4419
Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

313.20

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

B.

Full Name (Last, First, Middle Initial)
Realty Acquisitions Group LTD

Mailing Address 2403 S MacArthur Boulevard

City Springfield State IL Zip Code 62704

Purpose of Disbursement
Dec 2007 - Feb 2008 Rent & Utilities

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4726
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
Steve Schoeffel

Mailing Address 5213 Turnstone Rd

City Springfield State IL Zip Code 62711

Purpose of Disbursement
October Consulting

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4353
Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

4000.00

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

SUBTOTAL of Disbursements This Page (optional)

5813.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Jim McConoughey for Congress

A.

Full Name (Last, First, Middle Initial)
Steve Schoeffel

Transaction ID: SB17.4431
Date of Disbursement

Mailing Address 5213 Turnstone Rd

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

City Springfield State IL Zip Code 62711

Amount of Each Disbursement this Period

Purpose of Disbursement
October 2007 mileage and reimbursement

734.98

Candidate Name

001
Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Steve Schoeffel

Transaction ID: SB17.4393
Date of Disbursement

Mailing Address 5213 Turnstone Rd

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

City Springfield State IL Zip Code 62711

Amount of Each Disbursement this Period

Purpose of Disbursement
November consulting

4000.00

Candidate Name

001
Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Steve Schoeffel

Transaction ID: SB17.4816
Date of Disbursement

Mailing Address 5213 Turnstone Rd

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

City Springfield State IL Zip Code 62711

Amount of Each Disbursement this Period

Purpose of Disbursement
Mileage & Reimbursement

952.13

Candidate Name

001
Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5687.11

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

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)
Jim McConoughey for Congress

A.

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

Mailing Address 2951 W Iles Ave

City Springfield State IL Zip Code 62704

Purpose of Disbursement
Office Supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4816.0
Date of Disbursement

10 / 20 / 2007

Amount of Each Disbursement this Period

215.28

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Lowe's - Springfield

Mailing Address 3101 Wabash Ave

City Springfield State IL Zip Code 62704

Purpose of Disbursement
Sign posts, rebar, zip ties
Candidate Name

004
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4816.7
Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

91.05

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Steve Schoeffel

Mailing Address 5213 Turnstone Rd

City Springfield State IL Zip Code 62711

Purpose of Disbursement
December 2007 Consulting
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4735
Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

4000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A. Full Name (Last, First, Middle Initial) Ryan Spain</p> <p>Mailing Address 6502 N Post Oak Rd</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement Reimbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4835 Date of Disbursement 01 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 335.79</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) Office Max #43</p> <p>Mailing Address 4100 Willow Knolls Dr</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement Toner Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4835.0 Date of Disbursement 12 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 89.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Office Max #43</p> <p>Mailing Address 4100 Willow Knolls Dr</p> <p>City Peoria State IL Zip Code 61615</p> <p>Purpose of Disbursement Labels Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4835.1 Date of Disbursement 12 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 43.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

335.79

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Office Max #941	Transaction ID: SB17.4835.2 Date of Disbursement 12 / 15 / 2007
	Mailing Address 200 Riverside Drive	Amount of Each Disbursement this Period 202.98
	City East Peoria State IL Zip Code 61611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Toner & Printer Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Strategic Media Placement Inc	Transaction ID: SB17.4373 Date of Disbursement 10 / 12 / 2007
	Mailing Address 41 South High Street	Amount of Each Disbursement this Period 37114.13
	City Columbus State OH Zip Code 43215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Television Buys Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/Type

C.	Full Name (Last, First, Middle Initial) Strategic Media Placement Inc	Transaction ID: SB17.4371 Date of Disbursement 10 / 18 / 2007
	Mailing Address 41 South High Street	Amount of Each Disbursement this Period 37114.12
	City Columbus State OH Zip Code 43215	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Television Buys Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/Type

SUBTOTAL of Disbursements This Page (optional)	74228.25
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Strategic Media Placement Inc Mailing Address 41 South High Street City Columbus State OH Zip Code 43215 Purpose of Disbursement TV Ad Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4722 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 7125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Strategic Media Placement Inc Mailing Address 41 South High Street City Columbus State OH Zip Code 43215 Purpose of Disbursement TV Buy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4806 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 7125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Tazewell County Republican Party Mailing Address 1000 Court St City Pekin State IL Zip Code 61554 Purpose of Disbursement Lincoln Day Dinner Table Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4364 Date of Disbursement 10 / 16 / 2007 Amount of Each Disbursement this Period 550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	14800.00
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) The Strategy Group for Media	Transaction ID: SB17.4350 Date of Disbursement 10 / 26 / 2007
	Mailing Address 7669 Stagers Loop	Amount of Each Disbursement this Period 17250.00
	City Delaware State OH Zip Code 43105	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Full Day Shoot & Walkthrough Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/Type

B.	Full Name (Last, First, Middle Initial) Tractor Supply Company	Transaction ID: SB17.4327 Date of Disbursement 11 / 21 / 2007
	Mailing Address 1750 Washington Road	Amount of Each Disbursement this Period 1336.22
	City Peoria State IL Zip Code 61571	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Posts and ties for signs Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		006 Category/Type

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: SB17.4369 Date of Disbursement 10 / 03 / 2007
	Mailing Address 95 State St	Amount of Each Disbursement this Period 205.00
	City Peoria State IL Zip Code 61601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	18791.22
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 95 State St</p> <p>City Peoria State IL Zip Code 61601</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</p> <p>State: District:</p>	<p>Transaction ID: SB17.4367</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <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="3.91"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 95 State St</p> <p>City Peoria State IL Zip Code 61601</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</p> <p>State: District:</p>	<p>Transaction ID: SB17.4370</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="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="16.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 95 State St</p> <p>City Peoria State IL Zip Code 61601</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</p> <p>State: District:</p>	<p>Transaction ID: SB17.4184</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <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="656.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	676.16
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 95 State St City Peoria State IL Zip Code 61601 Purpose of Disbursement Overnight Postage Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4348 Date of Disbursement 10 / 26 / 2007 Amount of Each Disbursement this Period 16.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 95 State St City Peoria State IL Zip Code 61601 Purpose of Disbursement Postage Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4411 Date of Disbursement 11 / 07 / 2007 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
C.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 95 State St City Peoria State IL Zip Code 61601 Purpose of Disbursement Postage Candidate Name Office Sought: <input 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: District:	Transaction ID: SB17.4409 Date of Disbursement 11 / 12 / 2007 Amount of Each Disbursement this Period 36.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	299.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 95 State St <hr/> City Peoria State IL Zip Code 61601 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4410 Date of Disbursement 11 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 287.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Victory Enterprises <hr/> Mailing Address 5200 SW 30th St, Suite 7 <hr/> City Davenport State IA Zip Code 52802 <hr/> Purpose of Disbursement Poll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4158 Date of Disbursement 10 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 8725.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Victory Enterprises <hr/> Mailing Address 5200 SW 30th St, Suite 7 <hr/> City Davenport State IA Zip Code 52802 <hr/> Purpose of Disbursement Consulting Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4159 Date of Disbursement 10 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

13012.00

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

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4160 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Auto Calls	<input type="text" value="978.05"/>
	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	Category/Type <input type="text" value="005"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4161 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Mileage Reimbursement	<input type="text" value="117.60"/>
	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	Category/Type <input type="text" value="002"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4164 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Radio Buys	<input type="text" value="15140.51"/>
	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	Category/Type <input type="text" value="004"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="16236.16"/>
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 checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4380 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Letterhead and envelope	<input type="text" value="1043.96"/>
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="003"/>

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4349 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Radio Advertisement Purchases	<input type="text" value="10101.64"/>
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="004"/>

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4412 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="11"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="6005.94"/>
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type <input type="text" value="004"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="17151.54"/>
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 checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Victory Enterprises <hr/> Mailing Address 5200 SW 30th St, Suite 7 <hr/> City Davenport State IA Zip Code 52802 <hr/> Purpose of Disbursement Coroplast signs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4421 Date of Disbursement 11 / 06 / 2007 <hr/> Amount of Each Disbursement this Period 5238.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Victory Enterprises <hr/> Mailing Address 5200 SW 30th St, Suite 7 <hr/> City Davenport State IA Zip Code 52802 <hr/> Purpose of Disbursement October 2007 Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4332 Date of Disbursement 11 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Victory Enterprises <hr/> Mailing Address 5200 SW 30th St, Suite 7 <hr/> City Davenport State IA Zip Code 52802 <hr/> Purpose of Disbursement Radio ad creation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4335 Date of Disbursement 11 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	9538.03
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

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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4336 Date of Disbursement 11 / 19 / 2007
	Mailing Address 5200 SW 30th St, Suite 7	Amount of Each Disbursement this Period 413.19
	City Davenport State IA Zip Code 52802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Lapel sticker Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/ Type

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4337 Date of Disbursement 11 / 19 / 2007
	Mailing Address 5200 SW 30th St, Suite 7	Amount of Each Disbursement this Period 277.42
	City Davenport State IA Zip Code 52802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Car magnet Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		004 Category/ Type

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4375 Date of Disbursement 12 / 03 / 2007
	Mailing Address 5200 SW 30th St, Suite 7	Amount of Each Disbursement this Period 1564.20
	City Davenport State IA Zip Code 52802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Palm card and envelopes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	2254.81
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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)
Jim McConoughey for Congress

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4376 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Letter and mailing	<input type="text" value="9909.49"/>
	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	Category/Type <input type="text" value="004"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4377 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Poll	<input type="text" value="3200.00"/>
	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	Category/Type <input type="text" value="005"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4378 Date of Disbursement
	Mailing Address 5200 SW 30th St, Suite 7	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Radio buys	<input type="text" value="5601.91"/>
	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	Category/Type <input type="text" value="004"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18711.40"/>
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 checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Victory Enterprises</p> <p>Mailing Address 5200 SW 30th St, Suite 7</p> <p>City Davenport State IA Zip Code 52802</p> <p>Purpose of Disbursement Coroplast signs</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4379</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 5238.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Victory Enterprises</p> <p>Mailing Address 5200 SW 30th St, Suite 7</p> <p>City Davenport State IA Zip Code 52802</p> <p>Purpose of Disbursement November 2007 Consulting</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4733</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dave Walty</p> <p>Mailing Address 104 Dupree Ct</p> <p>City Washington State IL Zip Code 61571</p> <p>Purpose of Disbursement Phone and related equipment usage</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5076</p> <p>Date of Disbursement 01 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

10738.00

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

246819.49

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 94 / 107
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

Transaction ID: SC/10.4110

LOAN SOURCE Full Name (Last, First, Middle Initial) Jim McConoughey	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11616 N Strathmoore Ct	
City Dunlap State IL ZIP Code 61525	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 09 D D 28 Y Y Y Y 2007	Date Due 9/28/2008	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	-------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	50000.00
TOTALS This Period (last page in this line only)	▶	.00

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 95 / 107
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

Transaction ID: SC/10.4152

LOAN SOURCE Full Name (Last, First, Middle Initial) Jim McConoughey	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11616 N Strathmoore Ct	
City Dunlap State IL ZIP Code 61525	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 1 2 Y Y Y Y 2 0 0 7	10/11/08	7.89 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial) Jim McConoughey	Name of Employer The Heartland Partnership
Mailing Address 11616 N Strathmoore Ct	Occupation President/CEO
City Dunlap State IL ZIP Code 61525	Amount Guaranteed Outstanding: 100000.00
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)00

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 96 / 107
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Jim McConoughey for Congress

Transaction ID: SC/10.4207

LOAN SOURCE Full Name (Last, First, Middle Initial) Jim McConoughey	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11616 N Strathmoore Ct	
City Dunlap State IL ZIP Code 61525	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 25 Y Y Y Y 2007	02/28/2008	0.0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	170000.00

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

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

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Delayne Spain Photography	Nature of Debt (Purpose): Photography and production
Mailing Address 4818 N Prospect Rd	
City State ZIP Code Peoria Heights IL 61616	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5009	
Amount Incurred This Period 2124.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 2124.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor EDC for Central Illinois	Nature of Debt (Purpose): 100 clear plastic folders
Mailing Address 124 SW Adams St Suite 300	
City State ZIP Code Peoria IL 61602	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5006	
Amount Incurred This Period 165.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 165.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kellogg Printing Co Inc	Nature of Debt (Purpose): 5,000 note cards and envelopes
Mailing Address 95 Public Square PO Box 437	
City State ZIP Code Monmouth IL 61462	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5024	
Amount Incurred This Period 818.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 818.12

1) SUBTOTALS This Period This Page (optional).....	3107.95
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kellogg Printing Co Inc	Nature of Debt (Purpose): 2500 full color business cards
Mailing Address 95 Public Square PO Box 437	
City Monmouth State IL ZIP Code 61462	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5025	
Amount Incurred This Period 139.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 139.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kellogg Printing Co Inc	Nature of Debt (Purpose): 500 full color business cards
Mailing Address 95 Public Square PO Box 437	
City Monmouth State IL ZIP Code 61462	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5026	
Amount Incurred This Period 61.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 61.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kellogg Printing Co Inc	Nature of Debt (Purpose): 5,000 Brochures
Mailing Address 95 Public Square PO Box 437	
City Monmouth State IL ZIP Code 61462	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5005	
Amount Incurred This Period 583.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 583.00

1) SUBTOTALS This Period This Page (optional).....	783.04
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Maelstrom Solutions Corporation	Nature of Debt (Purpose): Website setup and maintenance
Mailing Address 250 N Sunny Slope Suite 300	
City State ZIP Code Brookfield WI 53005	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5011	
Amount Incurred This Period 2540.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2540.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim McConoughey	Nature of Debt (Purpose): Two Delta airline tickets to D.C.
Mailing Address 11616 N Strathmoore Ct	
City State ZIP Code Dunlap IL 61525	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5086	
Amount Incurred This Period 387.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 387.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim McConoughey	Nature of Debt (Purpose): Patriot Web Fundraising - 3 month pmt
Mailing Address 11616 N Strathmoore Ct	
City State ZIP Code Dunlap IL 61525	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5085	
Amount Incurred This Period 210.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 210.00

1) SUBTOTALS This Period This Page (optional).....	3137.60
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim McConoughey			Nature of Debt (Purpose): Two AirTran Tickets to DC
Mailing Address 11616 N Strathmoore Ct			
City Dunlap	State IL	ZIP Code 61525	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.5081	
Amount Incurred This Period <input type="text" value="907.60"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="907.60"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim McConoughey			Nature of Debt (Purpose): One United ticket to D.C.
Mailing Address 11616 N Strathmoore Ct			
City Dunlap	State IL	ZIP Code 61525	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.5087	
Amount Incurred This Period <input type="text" value="670.60"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="670.60"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim McConoughey			Nature of Debt (Purpose): Maelstrom web fundraising - 3 mos
Mailing Address 11616 N Strathmoore Ct			
City Dunlap	State IL	ZIP Code 61525	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.5290	
Amount Incurred This Period <input type="text" value="210.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="210.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1788.20"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim McConoughey			Nature of Debt (Purpose): Mileage for 13,750 miles at \$0.38/mile
Mailing Address 11616 N Strathmoore Ct			
City Dunlap	State IL	ZIP Code 61525	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.5073	
Amount Incurred This Period <input type="text" value="5225.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5225.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peoria County Republican Party			Nature of Debt (Purpose): Golf sponsorship
Mailing Address 8835 N Knoxville Ave			
City Peoria	State IL	ZIP Code 61615	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.5012	
Amount Incurred This Period <input type="text" value="250.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Printing Craftsmen of Pontiac, Inc			Nature of Debt (Purpose): 1500 2-sided postcards
Mailing Address 509 W Howard St PO Box 106			
City Pontiac	State IL	ZIP Code 61764	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.5071	
Amount Incurred This Period <input type="text" value="507.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="507.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5982.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Pulse Research	Nature of Debt (Purpose): Opposition Research
Mailing Address 1600 Chesterfield Parkway W Suite 175	
City State ZIP Code Chesterfield MO 63107	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4999	
Amount Incurred This Period 4789.45	Payment This Period 0.00	Outstanding Balance at Close of This Period 4789.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sam Joseph Specialties	Nature of Debt (Purpose): 3600 Plastic Candy Bags
Mailing Address 4926 N University	
City State ZIP Code Peoria IL 61614	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4994	
Amount Incurred This Period 1479.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 1479.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sam Joseph Specialties	Nature of Debt (Purpose): 2500 Yard Signs
Mailing Address 4926 N University	
City State ZIP Code Peoria IL 61614	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5069	
Amount Incurred This Period 5406.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5406.00

1) SUBTOTALS This Period This Page (optional).....	11675.05
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Media Placement Inc			Nature of Debt (Purpose): TV ad editing/production
Mailing Address 41 South High Street			
City Columbus	State OH	ZIP Code 43215	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.5013	
Amount Incurred This Period <input type="text" value="7980.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7980.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises			Nature of Debt (Purpose): Patch through calls
Mailing Address 5200 SW 30th St, Suite 7			
City Davenport	State IA	ZIP Code 52802	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.5067	
Amount Incurred This Period <input type="text" value="965.31"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="965.31"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises			Nature of Debt (Purpose): December Consulting
Mailing Address 5200 SW 30th St, Suite 7			
City Davenport	State IA	ZIP Code 52802	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.5004	
Amount Incurred This Period <input type="text" value="4000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="12945.31"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Jim McConoughey for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises	Nature of Debt (Purpose): Auto Calls
Mailing Address 5200 SW 30th St, Suite 7	
City Davenport State IA ZIP Code 52802	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5022	
Amount Incurred This Period 1111.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 1111.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Victory Enterprises	Nature of Debt (Purpose): January brushfire survey
Mailing Address 5200 SW 30th St, Suite 7	
City Davenport State IA ZIP Code 52802	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5023	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Becky Weber	Nature of Debt (Purpose): Consulting 11/25/07 - 12/31/07
Mailing Address 602 Malone Court	
City Metamora State IL ZIP Code 61548	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.5001	
Amount Incurred This Period 1100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1100.00

1) SUBTOTALS This Period This Page (optional).....	4711.74
2) TOTALS This Period (last page this line number only).....	44130.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	17000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	214130.89

Image# 28931480348

Form/Schedule: **SA11AI** In-kind for mailing includes \$162.36 for postage (USPS), \$51.41 (Office Max), and \$71.02 (Office Depot).
Transaction ID: **SA11AI.5020**

Form/Schedule: **SA11B** Receipt from Citizens for Risinger, a State of Illinois campaign committee. The treasurer of the Citizens for
Transaction ID: **SA11B.4874** Risinger committee has attested in writing that the \$1,000 contribution came from contributions from individuals (allowable federal contributors).

Image# 28931480349

Form/Schedule: **SA15** Visa Check Reward from Commerce Bank
Transaction ID: **SA15.4777**
