

# 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

ZINGA FOR CONGRESS

ADDRESS (number and street) P.O. Box 1222

Check if different than previously reported. (ACC) PO BOX 1222

Moline IL 61266

2. **FEC IDENTIFICATION NUMBER** C00393868

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

IL 17

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

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

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 01 2006 through 09 30 2006

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 Chuck McClurg

Signature of Treasurer Electronically Filed by Chuck McClurg Date 09 17 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.

Office Use Only										<b>FEC FORM 3</b> (Revised 02/2003)
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

ZINGA FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	79612.00	287583.31
(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)).....	79612.00	287583.31
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	134134.06	166252.49
(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)).....	134134.06	166252.49
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>122637.52</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>63012.66</b>	

**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  
ZINGA FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**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).....

57435.00

159843.81

(ii) Unitemized.....

19477.00

53237.50

(iii) TOTAL of contributions

76912.00

213081.31

from individuals..... ▶

100.00

7952.00

(b) Political Party Committees.....

2600.00

66550.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

79612.00

287583.31

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

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

0.00

0.00

13. LOANS

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

0.00

25000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

25000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

146.95

214.96

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

79758.95

312798.27

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	134134.06	166252.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	25000.00	25000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	25000.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	159134.06	191252.49

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	202012.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	79758.95
25. SUBTOTAL (add Line 23 and Line 24).....	281771.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	159134.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	122637.52

**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 5 / 96
	<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)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Gary Adrian	Date of Receipt MM / DD / YYYY 07 / 05 / 2006
	Mailing Address 23501 115th Ave.	<b>Transaction ID:</b> SA11AI.10482
	City State Zip Code Walcott IA 52773	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Trucker	
	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) AG-BUSINESS COUNCIL	Date of Receipt MM / DD / YYYY 07 / 17 / 2006
	Mailing Address 4516 N STERLING AVE	<b>Transaction ID:</b> SA11AI.10483
	City State Zip Code PEORIA IL 61615	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00230037	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Alan C. Anderson	Date of Receipt MM / DD / YYYY 09 / 25 / 2006
	Mailing Address 10714 Wolf Rd.	<b>Transaction ID:</b> SA11AI.10484
	City State Zip Code Geneseo IL 61254	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer none Occupation retired	
	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5750.00
<b>TOTAL</b> 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 6 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Leslie C. Anderson	Date of Receipt MM / DD / YYYY 08 / 25 / 2006
	Mailing Address P.O. Box 137	<b>Transaction ID:</b> SA11AI.10485
	City State Zip Code Andover IL 61233	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer none Occupation retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Anstine	Date of Receipt MM / DD / YYYY 09 / 11 / 2006
	Mailing Address 1429 Riverview Drive	<b>Transaction ID:</b> SA11AI.10715
	City State Zip Code Macomb IL 61455	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer retired Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ARCHER DANIELS MIDLAND COMPANY-ADM PAC	Date of Receipt MM / DD / YYYY 08 / 23 / 2006
	Mailing Address P.O. Box 1470	<b>Transaction ID:</b> SA11AI.10486
	City State Zip Code Decatur IL 62525	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C C00093963	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> 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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard A. Arnell  
Mailing Address 3904 7th Ave.  
City State Zip Code  
Rock Island IL 61201  
FEC ID number of contributing federal political committee. **C**   
Name of Employer self Occupation  
self physician  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  1000.00  
Date of Receipt  M M /  D D /  Y Y Y Y  
0 8 / 2 0 / 2 0 0 6  
Transaction ID: SA11AI.10487  
Amount of Each Receipt this Period  1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard A. Arnell  
Mailing Address 3904 7th Ave.  
City State Zip Code  
Rock Island IL 61201  
FEC ID number of contributing federal political committee. **C**   
Name of Employer self Occupation  
self physician  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  1500.00  
Date of Receipt  M M /  D D /  Y Y Y Y  
0 9 / 2 8 / 2 0 0 6  
Transaction ID: SA11AI.10488  
Amount of Each Receipt this Period  500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT&T CORP  
Mailing Address  
City State Zip Code  
TX  
FEC ID number of contributing federal political committee. **C** C70003637  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  2000.00  
Date of Receipt  M M /  D D /  Y Y Y Y  
0 7 / 2 7 / 2 0 0 6  
Transaction ID: SA11AI.10489  
Amount of Each Receipt this Period  2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith Benson		Date of Receipt
	Mailing Address 309 W. 16th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 10 / 2006
	City	State	Zip Code
	Sterling	IL	61081
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10728
Name of Employer Best Efforts		Occupation	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. James K. Billman		Date of Receipt
	Mailing Address P.O. Box 869		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 17 / 2006
	City	State	Zip Code
	Moline	IL	61266
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10490
Name of Employer Self		Occupation consultant	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. R. Richard Bittner		Date of Receipt
	Mailing Address 201 W. 2nd St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 04 / 2006
	City	State	Zip Code
	Davenport	IA	52801
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10491
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) John Bloom		Date of Receipt
	Mailing Address 1209 21st Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 02 / 2006
	City	State	Zip Code
	Rock Island	IL	61201
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10742
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer best		Occupation efforts	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 450.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Kevin J. Breheny		Date of Receipt
	Mailing Address P.O. Box 14		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2006
	City	State	Zip Code
	Forsyth	IL	62535
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10492
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer best		Occupation Insurance	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Dan H. Brintlinger		Date of Receipt
	Mailing Address 1640 W. Wood St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 23 / 2006
	City	State	Zip Code
	Decatur	IL	62522
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10493
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer best		Occupation efforts	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<b>TOTAL</b> 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 10 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. James P. Bruner

Mailing Address 202 Carobeth Dr.

City State Zip Code  
Jacksonville IL 62650

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

Name of Employer Occupation  
United Contractors Midwest, Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2006

**Transaction ID:** SA11AI.10494

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald L. Butts

Mailing Address 3511 53rd St.

City State Zip Code  
Moline ID 61265

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

Name of Employer Occupation  
Cleaveland Ins. Group Ins. Agent

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2006

**Transaction ID:** SA11AI.10495

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jo Caulkins

Mailing Address 57 Southside Country Club

City State Zip Code  
Decatur IL 62521

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2006

**Transaction ID:** SA11AI.10764

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
J. L. Christiansen  
Mailing Address 2400 24th Ave.  
City Moline State IL Zip Code 61265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer best Occupation efforts  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 09 / 29 / 2006  
Transaction ID: SA11AI.10496  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Citizens for Moffitt  
Mailing Address P.O. Box 94  
City Knoxville State IL Zip Code 61448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 09 / 23 / 2006  
Transaction ID: SA11AI.10497  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harry S. Coin  
Mailing Address 4301 E. 53rd St.  
City Davenport State IA Zip Code 52807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Bank & Trust Occupation CEO  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 07 / 06 / 2006  
Transaction ID: SA11AI.10499  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 96  
(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)  
ZINGA FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
David Collins

Mailing Address 427 36th Avenue

City East Moline State IL Zip Code 61244

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

Name of Employer Midwest Mexican Connection Occupation Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 08 / 2006  
**Transaction ID:** SA11AI.10778

Amount of Each Receipt this Period 100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
CONOCOPHILLIPS SPIRIT PAC

Mailing Address 1010 Plaza Office Building  
1400 B PLAZA OFFICE BUILDING

City Bartlesville State OK Zip Code 74004

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 06 / 2006  
**Transaction ID:** SA11AI.10500

Amount of Each Receipt this Period 2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mr. George C. Craft

Mailing Address 8382 N. Craft Rd.

City Vermont State IL Zip Code 61484

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

Name of Employer Self Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2006  
**Transaction ID:** SA11AI.10501

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Clement Cunningham

Mailing Address 2921 27th Street

City State Zip Code  
Rock Island IL 61201-5433

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

Name of Employer Self Occupation  
Physician

Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.10786

Amount of Each Receipt this Period

100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Henry B. Curry

Mailing Address 1939 Shore Oak Dr.

City State Zip Code  
Decatur IL 62521

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

Name of Employer best Occupation  
efforts

Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11AI.10502

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Martin H Davis

Mailing Address 5017 34th Ave A

City State Zip Code  
Moline IL 61265

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

Name of Employer Midland-Davis Occupation  
president

Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.10503

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DemirCo Properties

Mailing Address 225 N. Water St.  
Ste. 300

City Decatur State IL Zip Code 62523

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 14 / 2006  
**Transaction ID:** SA11AI.10504  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 204 E. Miller

City Sterling State IL Zip Code 61081

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

Name of Employer best Occupation efforts

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2006  
**Transaction ID:** SA11AI.10796  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Dooley

Mailing Address 31 Lynette Dr.

City Decatur State ID Zip Code 62526

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

Name of Employer best Occupation efforts

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2006  
**Transaction ID:** SA11AI.10505  
 Amount of Each Receipt this Period 250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. James O. Ellis

Mailing Address 2516 158th St. N.

City Moline State IL Zip Code 61244

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

Name of Employer Riverstone Group Occupation partner

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
07 / 01 / 2006

Transaction ID: SA11AI.10506

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. 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 none Occupation retired

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
09 / 16 / 2006

Transaction ID: SA11AI.10507

Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Reynolds Everett

Mailing Address Yocum Bank Bldg.

City Galva State IL Zip Code 61434

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
08 / 31 / 2006

Transaction ID: SA11AI.10807

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 2345 Crystal Drive  
Suite 800

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
07 / 19 / 2006

Transaction ID: SA11AI.10508

Amount of Each Receipt this Period: 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
FREEDOM PROJECT; THE

Mailing Address 424 C Street NE  
Basement UNIT

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: SA11AI.10509

Amount of Each Receipt this Period: 5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
George A. Miller Beer Co.

Mailing Address 1506 E. McBride Ave

City Decatur State IL Zip Code 62526

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
07 / 05 / 2006

Transaction ID: SA11AI.10510

Amount of Each Receipt this Period: 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Arthur L. Goodrich

Mailing Address P.O. Box 125

City State Zip Code  
Woodhull ID 61490

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

Name of Employer best Occupation efforts

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.10511

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 521 85th St.

City State Zip Code  
Roseville IL 61473

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

Name of Employer retired Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: SA11AI.10827

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. John R. Grahm

Mailing Address 463 S. Monroe St.

City State Zip Code  
Decatur ID 62522

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

Name of Employer self Occupation physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 6

Transaction ID: SA11AI.10512

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 18 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GraphixOne		Date of Receipt MM / DD / YYYY 08 / 23 / 2006
	Mailing Address 1859 Avenue of the Cities		Transaction ID: SA11AI.12154
	City Moline	State IL	Zip Code 61265
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer	Occupation	In-kind - ad design <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Ralph D. Grotelueschen		Date of Receipt MM / DD / YYYY 08 / 26 / 2006
	Mailing Address 706 27th Ave. Ct.		Transaction ID: SA11AI.10513
	City E. Moline	State IL	Zip Code 61244
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer none	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Wanda Hammond		Date of Receipt MM / DD / YYYY 09 / 04 / 2006
	Mailing Address 22525 North 700th Road		Transaction ID: SA11AI.10842
	City Table Grove	State IL	Zip Code 61482
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer None	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> 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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bernard J. Hank, Jr.  
Mailing Address 3630 71st St. Ct.  
City Moline State ID Zip Code 61265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2006 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
1000.00  
Date of Receipt 09 / 29 / 2006  
Transaction ID: SA11AI.10514  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. John H. Harris, II  
Mailing Address 901 46th St.  
City Moline State ID Zip Code 61265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Isabel Bloom, L.L.C. Occupation Management  
Receipt For: 2006 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
500.00  
Date of Receipt 09 / 03 / 2006  
Transaction ID: SA11AI.10515  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Denis J. Healy  
Mailing Address 9 Indian Hill Rd.  
City Winnetka State IL Zip Code 60093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Turtle Wax Occupation Chairman  
Receipt For: 2006 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
1000.00  
Date of Receipt 08 / 21 / 2006  
Transaction ID: SA11AI.10516  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Barbara Watt Johnson		Date of Receipt MM / DD / YYYY 07 / 14 / 2006		
	Mailing Address 500 54th St. A		<b>Transaction ID:</b> SA11AI.10517		
	City Moline	State IL	Zip Code 61265	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer none Occupation homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Lolita Junk		Date of Receipt MM / DD / YYYY 09 / 21 / 2006		
	Mailing Address 862 North Cherry Street		<b>Transaction ID:</b> SA11AI.10876		
	City Galesburg	State IL	Zip Code 61401	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer retired Occupation realtor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Burnell D. Kraft		Date of Receipt MM / DD / YYYY 08 / 17 / 2006		
	Mailing Address 12 Allen Bend Pl.		<b>Transaction ID:</b> SA11AI.10518		
	City Decatur	State IL	Zip Code 62521	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer none Occupation retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Lela Lindsay  
 Mailing Address 1851 Grove Ave.  
 City State Zip Code  
 Quincy IL 62301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 2 / 2 0 0 6  
**Transaction ID:** SA11AI.10520  
 Amount of Each Receipt this Period  
 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lela Lindsay  
 Mailing Address 1851 Grove Ave.  
 City State Zip Code  
 Quincy IL 62301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 1 0 / 2 0 0 6  
**Transaction ID:** SA11AI.10521  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lela Lindsay  
 Mailing Address 1851 Grove Ave.  
 City State Zip Code  
 Quincy IL 62301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation retired  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 6  
**Transaction ID:** SA11AI.10905  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

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

Mailing Address 7307 35th Ave.

City Moline State IL Zip Code 61265

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 08 / 19 / 2006  
**Transaction ID:** SA11AI.10911  
 Amount of Each Receipt this Period 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel D. Lyons

Mailing Address 16819 S. Haven Ave.

City Orland Hills State IL Zip Code 60477

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

Name of Employer best Occupation efforts

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2006  
**Transaction ID:** SA11AI.10522  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Macoupin County Republican Central Committee

Mailing Address 404 West 1st South St.

City Carlinville State IL Zip Code 62626

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 21 / 2006  
**Transaction ID:** SA11AI.10523  
 Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**ZINGA FOR CONGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
Betty Melvin-French

Mailing Address 1816 Ave. D

City Sterling State IL Zip Code 61081

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

Name of Employer retired Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 345.00

Date of Receipt MM / DD / YYYY  
07 / 02 / 2006

**Transaction ID:** SA11AI.10928

Amount of Each Receipt this Period 100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jack E Meyer

Mailing Address 3005 47th St.

City Moline State IL Zip Code 61265

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

Name of Employer Meyer's Tree Service Occupation owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 11 / 2006

**Transaction ID:** SA11AI.10524

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 4521 Windsor Arms CT

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 29 / 2006

**Transaction ID:** SA11AI.10525

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1350.00

**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 24 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Maryel K. Nelson	Date of Receipt MM / DD / YYYY 08 / 25 / 2006
	Mailing Address 6 Montgomery Pl.	<b>Transaction ID:</b> SA11AI.10526
	City State Zip Code Decatur IL 62522	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Best Efforts Occupation best efforts Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Valerie A. Nesselroad	Date of Receipt MM / DD / YYYY 07 / 13 / 2006
	Mailing Address 2153 U.S. Hwy. 150N	<b>Transaction ID:</b> SA11AI.10527
	City State Zip Code Wataga IL 61488	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer OSF Medical Center Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. N. Duane Noland	Date of Receipt MM / DD / YYYY 08 / 16 / 2006
	Mailing Address 9242 S. Meridien Ave.	<b>Transaction ID:</b> SA11AI.10528
	City State Zip Code Blue Mound IL 62513	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Farmer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**ZINGA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Frank Nowinski

Mailing Address 4401 37th Ave.

City State Zip Code  
Rock Island IL 61201

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

Name of Employer Occupation  
Katz, Huntoon, & Fieweger attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
100.00

Transaction ID: SA11AI.10947

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim Oberweis

Mailing Address 3 Buckingham Dr.

City State Zip Code  
Sugar Grove IL 60506

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

Name of Employer Occupation  
Oberweis Dairy Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11AI.10529

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

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

Mailing Address 410 Market St.

City State Zip Code  
Henry IL 61537

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

Name of Employer Occupation  
retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
225.00

Transaction ID: SA11AI.10531

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **375.00**

**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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Charles Owens  
Mailing Address 410 Market St.  
City Henry State IL Zip Code 61537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt MM / DD / YYYY  
08 / 18 / 2006  
Transaction ID: SA11AI.10532  
Amount of Each Receipt this Period 25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Charles Owens  
Mailing Address 410 Market St.  
City Henry State IL Zip Code 61537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00  
Date of Receipt MM / DD / YYYY  
08 / 30 / 2006  
Transaction ID: SA11AI.10533  
Amount of Each Receipt this Period 25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Charles Owens  
Mailing Address 410 Market St.  
City Henry State IL Zip Code 61537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt MM / DD / YYYY  
08 / 31 / 2006  
Transaction ID: SA11AI.10534  
Amount of Each Receipt this Period 25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**ZINGA FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Charles Owens

Mailing Address 410 Market St.

City State Zip Code  
**Henry IL 61537**

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11AI.10535

Amount of Each Receipt this Period 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rodney Picking

Mailing Address 7433 Idledale Ln.

City State Zip Code  
**Omaha NE 68112**

FEC ID number of contributing federal political committee. C

Name of Employer best Occupation efforts

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** SA11AI.10536

Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark A. Polaschek

Mailing Address 825 20th Ave.

City State Zip Code  
**E. Moline ID 61244**

FEC ID number of contributing federal political committee. C

Name of Employer Medical Arts, Ltd. Occupation business doctor

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11AI.10537

Amount of Each Receipt this Period 750.00

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 28 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)

Ms Barbara J. Polios

Mailing Address 18 Velie Dr.

City State Zip Code  
Moline IL 61265

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

Name of Employer Occupation  
none homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11AI.10538

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)

PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: SA11AI.10539

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)

Ms Constance C. Purdum

Mailing Address 8 Bacon's Wood Cir.

City State Zip Code  
Macomb IL 61455

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

Name of Employer Occupation  
none homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2006

Transaction ID: SA11AI.10540

Amount of Each Receipt this Period

500.00

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

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

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 29 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert P. Rasho

Mailing Address 5 Hickory Pt. Ct.

City State Zip Code  
Forsyth IL 62535

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

Name of Employer none Occupation retired

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 6

**Transaction ID:** SA11AI.10541

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
REFORM PAC

Mailing Address PO BOX 15584

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00315275

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

**Transaction ID:** SA11AI.10542

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Susan L. Seitz

Mailing Address 1705 Susan Ct.

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Advance Homes, Inc. Occupation developer

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.10543

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 30 / 96
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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Jack R. Sharkey	Date of Receipt MM / DD / YYYY 09 / 23 / 2006
	Mailing Address P.O. Box 3156	<b>Transaction ID:</b> SA11AI.10544
	City State Zip Code Quincy IL 62305	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Sharkey Transportation president	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Sharkey	Date of Receipt MM / DD / YYYY 09 / 23 / 2006
	Mailing Address P.O. Box 3156	<b>Transaction ID:</b> SA11AI.10988
	City State Zip Code Quincy IL 62305	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Sharkey Transportation president	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2125.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Shawgo	Date of Receipt MM / DD / YYYY 09 / 03 / 2006
	Mailing Address 9779 N County Hwy 2	<b>Transaction ID:</b> SA11AI.10991
	City State Zip Code Ipava IL 61441-9355	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>310.00</b>
<b>TOTAL</b> 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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy E Simpson  
Mailing Address 2237 Greengside Dr.  
City Springfield State IL Zip Code 62704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer best Occupation efforts  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 07 / 01 / 2006  
Transaction ID: SA11AI.10545  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Florita V. Sims  
Mailing Address 3302 Gross Gables  
City Quincy State IL Zip Code 62305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt 07 / 31 / 2006  
Transaction ID: SA11AI.10546  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Florita V. Sims  
Mailing Address 3302 Gross Gables  
City Quincy State IL Zip Code 62305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 09 / 07 / 2006  
Transaction ID: SA11AI.10547  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Florita Sims

Mailing Address 3302 Gross Gables

City Quincy State IL Zip Code 62305-1261

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

Name of Employer none Occupation retired

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1025.00

Date of Receipt 09 / 15 / 2006  
**Transaction ID:** SA11AI.10996  
 Amount of Each Receipt this Period 25.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Melvin E. Sims

Mailing Address 3302 Gross Gables

City Quincy State IL Zip Code 62305

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

Name of Employer none Occupation retired

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt 07 / 24 / 2006  
**Transaction ID:** SA11AI.10548  
 Amount of Each Receipt this Period 950.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. David A Skinner

Mailing Address 3410 76th St.

City Moline State IL Zip Code 61265

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

Name of Employer John Deere & Co Occupation engineer

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2006  
**Transaction ID:** SA11AI.10549  
 Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1475.00

**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 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
John Slover  
Mailing Address P.O. Box 719  
City Moline State IL Zip Code 61266-0719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Califf & Harper, PC Occupation Attorney  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00  
Date of Receipt 09 / 16 / 2006  
Transaction ID: SA11AI.10997  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Spangler  
Mailing Address 26668 N. Riverbottom Rd.  
City Smithfield State IL Zip Code 61477  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation farmer  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00  
Date of Receipt 09 / 09 / 2006  
Transaction ID: SA11AI.11007  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey G Spear  
Mailing Address 5515 Wert St. Anthony Road  
City Quincy State IL Zip Code 62305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation self  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00  
Date of Receipt 09 / 14 / 2006  
Transaction ID: SA11AI.11008  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# 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 34 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Matt Stern		Date of Receipt
	Mailing Address 55 Hawthorne Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 1 / 2 0 0 6
	City	State	Zip Code
	Rock Island	IL	61201
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10550
Name of Employer Stern Beverage		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1300.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Yumi Stern		Date of Receipt
	Mailing Address 55 Hawthorne Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 1 / 2 0 0 6
	City	State	Zip Code
	Rock Island	IL	61201
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10551
Name of Employer none		Occupation homemaker	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 900.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William C. Stewart		Date of Receipt
	Mailing Address 1485 La Chica Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 0 2 / 2 0 0 6
	City	State	Zip Code
	Chula Vista	CA	91911
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10552
Name of Employer U.S. Military		Occupation Navy Pilot	Amount of Each Receipt this Period
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2450.00
<b>TOTAL</b> 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 35 / 96  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jerrold H. Stocks

Mailing Address 500 S. Henderson St.

City State Zip Code  
Mt. Zion IL 62549

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

Name of Employer self Occupation attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 6

Transaction ID: SA11AI.10553

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mary Ann Stoffel

Mailing Address 5324 36th Ave Ct.

City State Zip Code  
Moline IL 61265

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

Name of Employer Quad Cities Radiation & Oncolo Occupation physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

Transaction ID: SA11AI.11016

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wayne Stoppelmoor

Mailing Address 1305 33rd Ave. Cir

City State Zip Code  
Silvis ID 61282

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

Transaction ID: SA11AI.11018

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 96  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles L. Strobeck

Mailing Address 642 Maplewood Dr.

City State Zip Code  
Wheaton IL 60187

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

Name of Employer self Occupation  
Real Estate Broker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2006

Transaction ID: SA11AI.10554

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
TATE & LYLE NORTH AMERICAN SUGARS INC PAC

Mailing Address 2200 E ELDORADO ST

City State Zip Code  
DECATUR IL 62521

FEC ID number of contributing federal political committee. **C** C00315168

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2006

Transaction ID: SA11AI.10555

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
TCR Systems

Mailing Address P.O. Box 3398

City State Zip Code  
Decatur IL 62524

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2006

Transaction ID: SA11AI.10556

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 96  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Vernon C Thomson, Jr

Mailing Address P O Box 80  
408 W 5th Street

City State Zip Code  
Vermont IL 61484

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

Name of Employer self Occupation self

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 6

Transaction ID: SA11AI.11025

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Vernon C Thomson, Jr

Mailing Address P O Box 80  
408 W 5th Street

City State Zip Code  
Vermont IL 61484

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

Name of Employer self Occupation self

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

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

Transaction ID: SA11AI.10557

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Craig P. Tillman

Mailing Address 42 Wildwood Dr.

City State Zip Code  
Rock Island ID 61201

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

Name of Employer self Occupation self  
physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.10558

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 / 96  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ms Rose Udehn  
Mailing Address 17 Velie Dr.  
City Moline State IL Zip Code 61265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation homemaker  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00  
Date of Receipt 09 / 26 / 2006  
Transaction ID: SA11AI.10559  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald J. Vecchie  
Mailing Address 2200 N. Wilmar Dr.  
City Quincy State IL Zip Code 62305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RSI Occupation manager  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 09 / 04 / 2006  
Transaction ID: SA11AI.10560  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Waks & Swartz  
Mailing Address 223 N. 2nd St  
City Decatur State IL Zip Code 62521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 08 / 22 / 2006  
Transaction ID: SA11AI.10561  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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 39 / 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Steven R. Watts

Mailing Address P.O. Box 221

City State Zip Code  
Galesburg ID 61402

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

Name of Employer self Occupation attorney

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2006

**Transaction ID:** SA11AI.10562

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Donald Welvaert

Mailing Address 3622 73rd St.

City State Zip Code  
Moline IL 61265

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

Name of Employer retired Occupation

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

**Transaction ID:** SA11AI.11044

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	57435.00

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

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

FOR LINE NUMBER: PAGE 40 / 96  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11C.10708

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 96  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

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

Mailing Address 1506 Fifteenth Street

City State Zip Code  
Joliet IL 60434-0580

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
214.96

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

Transaction ID: SA15.12786

Amount of Each Receipt this Period  
32.18

interest earned

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	32.18
<b>TOTAL</b> This Period (last page this line number only) .....	▶	32.18

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
America's Campaign Store

Transaction ID: SB17.10563  
Date of Disbursement

Mailing Address P.O. Box 1612

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	6	

City Jeffersonville State IN Zip Code 47131

Amount of Each Disbursement this Period

353.00
--------

Purpose of Disbursement bumper stickers  
Candidate Name

Category/Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Forrest J. Ashby

Transaction ID: SB17.10564  
Date of Disbursement

Mailing Address 611 Elm

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	6	

City Quincy State IL Zip Code 62301

Amount of Each Disbursement this Period

276.05
--------

Purpose of Disbursement payroll - field  
Candidate Name

Category/Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Forrest J. Ashby

Transaction ID: SB17.10565  
Date of Disbursement

Mailing Address 611 Elm

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	6	

City Quincy State IL Zip Code 62301

Amount of Each Disbursement this Period

63.28
-------

Purpose of Disbursement travel expenses  
Candidate Name

Category/Type

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

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

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

692.33

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Forrest J. Ashby <hr/> Mailing Address 611 Elm <hr/> City Quincy State IL Zip Code 62301 <hr/> Purpose of Disbursement travel expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10566 Date of Disbursement 08 / 18 / 2006 <hr/> Amount of Each Disbursement this Period 109.37 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Forrest J. Ashby <hr/> Mailing Address 611 Elm <hr/> City Quincy State IL Zip Code 62301 <hr/> Purpose of Disbursement payroll-field <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10567 Date of Disbursement 08 / 31 / 2006 <hr/> Amount of Each Disbursement this Period 276.06 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Forrest J. Ashby <hr/> Mailing Address 611 Elm <hr/> City Quincy State IL Zip Code 62301 <hr/> Purpose of Disbursement payroll-field <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10568 Date of Disbursement 09 / 15 / 2006 <hr/> Amount of Each Disbursement this Period 276.05 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

661.48

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address P.O. Box 9001309

City State Zip Code  
Louisville KY 40290-1309

Purpose of Disbursement  
telephone - bal due

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11890  
Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

72.61

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

B.

Full Name (Last, First, Middle Initial)  
AT & T

Mailing Address Bill Payment Center

City State Zip Code  
Saginaw MI 48663

Purpose of Disbursement  
Phone service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10569  
Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

293.97

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

C.

Full Name (Last, First, Middle Initial)  
AT & T

Mailing Address Bill Payment Center

City State Zip Code  
Saginaw MI 48663

Purpose of Disbursement  
phone service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10570  
Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

889.84

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

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

1256.42

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 96

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT &amp; T</p> <p>Mailing Address Bill Payment Center</p> <p>City Saginaw State MI Zip Code 48663</p> <p>Purpose of Disbursement phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10571</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 308.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BAM Design</p> <p>Mailing Address 1101 Show Creek</p> <p>City Normal State IL Zip Code 61761</p> <p>Purpose of Disbursement web design</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.12141</p> <p>Date of Disbursement 07 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 1420.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CC Services, Inc.</p> <p>Mailing Address 1711 G.E. Road</p> <p>City Bloomington State IL Zip Code 61702</p> <p>Purpose of Disbursement general liability insurance</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10573</p> <p>Date of Disbursement 07 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 853.00</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) ..... ▶

2581.34

**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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Dominion Properties

Transaction ID: SB17.10574  
Date of Disbursement

Mailing Address 421 19th St.

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

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
Office Rent

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Dominion Properties

Transaction ID: SB17.10575  
Date of Disbursement

Mailing Address 421 19th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

595.00
--------

Purpose of Disbursement  
rent for office

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Dominion Properties

Transaction ID: SB17.10576  
Date of Disbursement

Mailing Address 421 19th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

595.00
--------

Purpose of Disbursement  
office rent

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

1790.00
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Family - PAC

Mailing Address 414 N. Orleans Plaza  
#317

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Tix for Chicago Event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10578  
Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

240.00

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

B.

Full Name (Last, First, Middle Initial)  
Farm & Fleet

Mailing Address 5900 John Deere Rd.

City Moline State IL Zip Code 61265

Purpose of Disbursement  
fence posts

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11907  
Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

201.39

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

C.

Full Name (Last, First, Middle Initial)  
Farm & Fleet

Mailing Address 5900 John Deere Rd.

City Moline State IL Zip Code 61265

Purpose of Disbursement  
40 U-posts

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11908  
Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

98.24

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

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

539.63

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Galesburg Phone and Data Services

Mailing Address 215 E. Main St.

City Galesburg State IL Zip Code 61401

Purpose of Disbursement  
Set Up Office Phones

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10580

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**B.** Full Name (Last, First, Middle Initial)  
GraphixOne

Mailing Address 1859 Avenue of the Cities

City Moline State IL Zip Code 61265

Purpose of Disbursement  
In-kind - ad design

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.12155

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**C.** Full Name (Last, First, Middle Initial)  
Patricia Herath

Mailing Address 1804 28th Ave.

City Moline State IL Zip Code 61265

Purpose of Disbursement  
parade-misc items

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11923

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mrs. Patricia R. Herath

Transaction ID: SB17.10581  
Date of Disbursement

Mailing Address 1804 28th Ave.

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

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

4305.80
---------

Purpose of Disbursement  
payroll - finance and office

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mrs. Patricia R. Herath

Transaction ID: SB17.10582  
Date of Disbursement

Mailing Address 1804 28th Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

961.24
--------

Purpose of Disbursement  
payroll - finance

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Mrs. Patricia R. Herath

Transaction ID: SB17.10583  
Date of Disbursement

Mailing Address 1804 28th Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

155.83
--------

Purpose of Disbursement  
reimburse for parade supplies

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

5422.87
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mrs. Patricia R. Herath

Transaction ID: SB17.10584  
Date of Disbursement

Mailing Address 1804 28th Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

961.25
--------

Purpose of Disbursement  
payroll - finance  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mrs. Patricia R. Herath

Transaction ID: SB17.10585  
Date of Disbursement

Mailing Address 1804 28th Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

961.24
--------

Purpose of Disbursement  
payroll-finance  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mrs. Patricia R. Herath

Transaction ID: SB17.10586  
Date of Disbursement

Mailing Address 1804 28th Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

City Moline State IL Zip Code 61265

Amount of Each Disbursement this Period

53.97
-------

Purpose of Disbursement  
rubber band, staples, postits,  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

1976.46
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Patricia R. Herath  Mailing Address 1804 28th Ave.  City Moline State IL Zip Code 61265  Purpose of Disbursement payroll-finance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10587 <b>Date of Disbursement</b> 09 / 15 / 2006  Amount of Each Disbursement this Period 961.25  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Holiday Inn  Mailing Address US RT 36 WEST  City Decatur State IL Zip Code 62522  Purpose of Disbursement cost of fundraiser Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10588 <b>Date of Disbursement</b> 07 / 01 / 2006  Amount of Each Disbursement this Period 931.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Edward C. Horton  Mailing Address 122 N. 14th St.  City Springfield State IL Zip Code 62703  Purpose of Disbursement payroll - field Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10589 <b>Date of Disbursement</b> 08 / 15 / 2006  Amount of Each Disbursement this Period 216.91  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2109.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Edward C. Horton  Mailing Address 122 N. 14th St.  City Springfield State IL Zip Code 62703  Purpose of Disbursement payroll - field Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10590 Date of Disbursement 08 / 31 / 2006  Amount of Each Disbursement this Period 216.92  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Edward C. Horton  Mailing Address 122 N. 14th St.  City Springfield State IL Zip Code 62703  Purpose of Disbursement payroll - field Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10591 Date of Disbursement 09 / 15 / 2006  Amount of Each Disbursement this Period 216.91  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Dan Hyson  Mailing Address  City State Zip Code  Purpose of Disbursement 23 hrs.worked Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11902 Date of Disbursement 07 / 07 / 2006  Amount of Each Disbursement this Period 188.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**621.83**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Johnny O' Meara Band <hr/> Mailing Address 3519 56th St. Ct. <hr/> City Moline State IL Zip Code 61265 <hr/> Purpose of Disbursement ent. for 3 parades Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10594 Date of Disbursement 09 / 04 / 2006 <hr/> Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Ms Cynthia L. Johnson <hr/> Mailing Address 717 Grace Ave. <hr/> City Rock Falls State IL Zip Code 61071 <hr/> Purpose of Disbursement payroll - office Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10595 Date of Disbursement 07 / 03 / 2006 <hr/> Amount of Each Disbursement this Period 458.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ms Cynthia L. Johnson <hr/> Mailing Address 717 Grace Ave. <hr/> City Rock Falls State IL Zip Code 61071 <hr/> Purpose of Disbursement payroll - office Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10596 Date of Disbursement 07 / 14 / 2006 <hr/> Amount of Each Disbursement this Period 358.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1167.31**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Ms Cynthia L. Johnson

Transaction ID: SB17.10597  
Date of Disbursement

Mailing Address 717 Grace Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	0	6

City State Zip Code  
Rock Falls IL 61071

Amount of Each Disbursement this Period

398.34
--------

Purpose of Disbursement  
payroll-office  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Ms Cynthia L. Johnson

Transaction ID: SB17.10598  
Date of Disbursement

Mailing Address 717 Grace Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

City State Zip Code  
Rock Falls IL 61071

Amount of Each Disbursement this Period

380.88
--------

Purpose of Disbursement  
payroll-office  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Ms Cynthia L. Johnson

Transaction ID: SB17.10599  
Date of Disbursement

Mailing Address 717 Grace Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

City State Zip Code  
Rock Falls IL 61071

Amount of Each Disbursement this Period

382.47
--------

Purpose of Disbursement  
payroll-office  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

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

1161.69
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Ms Cynthia L. Johnson

Transaction ID: SB17.10600  
Date of Disbursement

Mailing Address 717 Grace Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

City State Zip Code  
Rock Falls IL 61071

Amount of Each Disbursement this Period

531.65
--------

Purpose of Disbursement  
payroll-office

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms Kate J. Johnson

Transaction ID: SB17.10601  
Date of Disbursement

Mailing Address 302 W. 6th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	6

City State Zip Code  
Sterling IL 61081

Amount of Each Disbursement this Period

1287.37
---------

Purpose of Disbursement  
payroll - field

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms Kate J. Johnson

Transaction ID: SB17.10602  
Date of Disbursement

Mailing Address 302 W. 6th St.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

City State Zip Code  
Sterling IL 61081

Amount of Each Disbursement this Period

63.27
-------

Purpose of Disbursement  
Travel Expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

1882.29
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ms Kate J. Johnson	Transaction ID: SB17.10603 Date of Disbursement 08 / 31 / 2006
	Mailing Address 302 W. 6th St.	Amount of Each Disbursement this Period 798.50
	City Sterling State IL Zip Code 61081	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll-field Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Kate J. Johnson	Transaction ID: SB17.10604 Date of Disbursement 09 / 09 / 2006
	Mailing Address 302 W. 6th St.	Amount of Each Disbursement this Period 10.00
	City Sterling State IL Zip Code 61081	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement event fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Kate J. Johnson	Transaction ID: SB17.10605 Date of Disbursement 09 / 15 / 2006
	Mailing Address 302 W. 6th St.	Amount of Each Disbursement this Period 798.50
	City Sterling State IL Zip Code 61081	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll-field Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1607.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Ms Kate J. Johnson

Mailing Address 302 W. 6th St.

City Sterling State IL Zip Code 61081

Purpose of Disbursement  
reimburse for partial on yard signs  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10606  
Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

365.00

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Mark Johnson

Mailing Address 16089 Huntington Dr.

City Bloomington State IL Zip Code 61704

Purpose of Disbursement  
Reimburse for meal  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.11936  
Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

20.90

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Mark Johnson

Mailing Address 16089 Huntington Dr.

City Bloomington State IL Zip Code 61704

Purpose of Disbursement  
field work consulting  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10607  
Date of Disbursement

07 / 02 / 2006

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) .....

4385.90

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement consulting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.10608</p> <p>Date of Disbursement 07 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement field 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.10609</p> <p>Date of Disbursement 08 / 04 / 2006</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><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.10610</p> <p>Date of Disbursement 08 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 155.90</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) ..... ▶

**6155.90**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 96

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement gas for van to deliver 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10611</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 141.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement field 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10612</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement field 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10613</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</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) ..... ▶

4141.50

**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)

PAGE 60 / 96

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Mark Johnson</p> <p>Mailing Address 16089 Huntington Dr.</p> <p>City Bloomington State IL Zip Code 61704</p> <p>Purpose of Disbursement material reimburse</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10614</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 70.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Charles L. Johnston</p> <p>Mailing Address 25667 N. Diamond Lake Rd.</p> <p>City Mundelein State IL Zip Code 60060</p> <p>Purpose of Disbursement Mgmt. and consulting fee</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10615</p> <p>Date of Disbursement 07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 4500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Charles L. Johnston</p> <p>Mailing Address 25667 N. Diamond Lake Rd.</p> <p>City Mundelein State IL Zip Code 60060</p> <p>Purpose of Disbursement reimburse for Quincy breakfast</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10616</p> <p>Date of Disbursement 07 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 352.23</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) ..... ▶

4922.23

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles L. Johnston

Transaction ID: SB17.10617  
Date of Disbursement

Mailing Address 25667 N. Diamond Lake Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

City State Zip Code  
Mundelein IL 60060

Amount of Each Disbursement this Period

4500.00
---------

Purpose of Disbursement  
Mgmt. and consulting  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles L. Johnston

Transaction ID: SB17.10618  
Date of Disbursement

Mailing Address 25667 N. Diamond Lake Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

City State Zip Code  
Mundelein IL 60060

Amount of Each Disbursement this Period

4500.00
---------

Purpose of Disbursement  
Mgmt. and consulting  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Kimberly Distributing INC

Transaction ID: SB17.12754  
Date of Disbursement

Mailing Address 2406 W. Kimberly RD

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

City State Zip Code  
Davenport IA 52806

Amount of Each Disbursement this Period

363.03
--------

Purpose of Disbursement  
candy  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

9363.03
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Landmark Studios

Mailing Address 661 N. Memorial Dr.

City Decatur State IL Zip Code 62522

Purpose of Disbursement  
Photos with Hastert

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11944  
Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

558.61

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

B.

Full Name (Last, First, Middle Initial)  
Lock, Stock and Barrel

Mailing Address 129 S. Oakland Ave

City Decatur State IL Zip Code 62522

Purpose of Disbursement  
Food for fundraiser

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10622  
Date of Disbursement

07 / 21 / 2006

Amount of Each Disbursement this Period

687.55

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

C.

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

Mailing Address 3820 44th Ave. Dr.

City Moline State IL Zip Code 61265

Purpose of Disbursement  
Signs

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11949  
Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

47.34

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

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

1293.50

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Marsh Copsey & Assoc. <hr/> Mailing Address 8201 Corporate Dr. Suite 10 <hr/> City Landover State MD Zip Code 20785 <hr/> Purpose of Disbursement Billboards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10623 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 6840.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Charles McClurg <hr/> Mailing Address 510 East Fifth Street <hr/> City Coal Valley State IL Zip Code 61240 <hr/> Purpose of Disbursement reimburse for band for parade Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10624 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Charles McClurg <hr/> Mailing Address 510 East Fifth Street <hr/> City Coal Valley State IL Zip Code 61240 <hr/> Purpose of Disbursement reimburse - Chicago trip- travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.11954 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 127.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**7217.75**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Travel Expense to Chicago

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10625  
Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

38.95

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Travel Expense to Canton and Macomb

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10626  
Date of Disbursement

07 / 08 / 2006

Amount of Each Disbursement this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Travel Expenses

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10627  
Date of Disbursement

07 / 10 / 2006

Amount of Each Disbursement this Period

125.36

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

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

264.31

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Reimburse for stamps  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10628  
Date of Disbursement

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

Amount of Each Disbursement this Period

39.00
-------

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Chicago Travel Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10629  
Date of Disbursement

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

Amount of Each Disbursement this Period

310.00
--------

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement  
Home Office Phone  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10630  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	6

Amount of Each Disbursement this Period

77.75
-------

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

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

426.75

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10631  
Date of Disbursement

Mailing Address 510 East Fifth Street

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

City State Zip Code  
Coal Valley IL 61240

Amount of Each Disbursement this Period

30.00
-------

Purpose of Disbursement  
Reimburse for ice cream for volunteers  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10632  
Date of Disbursement

Mailing Address 510 East Fifth Street

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

City State Zip Code  
Coal Valley IL 61240

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Travel Expenses  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10633  
Date of Disbursement

Mailing Address 510 East Fifth Street

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

City State Zip Code  
Coal Valley IL 61240

Amount of Each Disbursement this Period

121.72
--------

Purpose of Disbursement  
Reimburse for tickets  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

201.72
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement materials reimbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.10634  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	6

Amount of Each Disbursement this Period

192.28
--------

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement Parking in Springfield

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.10635  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

5.00
------

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Mailing Address 510 East Fifth Street

City Coal Valley State IL Zip Code 61240

Purpose of Disbursement travel expense

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB17.10636  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	6

Amount of Each Disbursement this Period

54.34
-------

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

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

251.62
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10637  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	6	6

City State Zip Code  
Coal Valley IL 61240

Amount of Each Disbursement this Period

111.47
--------

Purpose of Disbursement  
Travel reimbursement

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10638  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	6	6

City State Zip Code  
Coal Valley IL 61240

Amount of Each Disbursement this Period

181.20
--------

Purpose of Disbursement  
Travel reimbursement

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10639  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	6	6

City State Zip Code  
Coal Valley IL 61240

Amount of Each Disbursement this Period

40.00
-------

Purpose of Disbursement  
New Windsor Fair Entry

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

332.67
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10640  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

77.44
-------

Purpose of Disbursement  
Phone reimbursement  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10641  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

320.00
--------

Purpose of Disbursement  
Travel reimbursement  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10642  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

155.00
--------

Purpose of Disbursement  
material reimbursement  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

552.44
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10643  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
travel reimbursement

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10644  
Date of Disbursement

Mailing Address 510 East Fifth Street

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

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

189.61
--------

Purpose of Disbursement  
travel reimbursement

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10645  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

214.00
--------

Purpose of Disbursement  
reimburse for photo expense

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

703.61
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10646  
Date of Disbursement

Mailing Address 510 East Fifth Street

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

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

386.95
--------

Purpose of Disbursement  
travel reimbursement

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10647  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

295.00
--------

Purpose of Disbursement  
travel reimbursement

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Charles McClurg

Transaction ID: SB17.10648  
Date of Disbursement

Mailing Address 510 East Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

City Coal Valley State IL Zip Code 61240

Amount of Each Disbursement this Period

82.00
-------

Purpose of Disbursement  
travel reimburse

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

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

763.95
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Moline Post Office</p> <p>Mailing Address 514 17th St.</p> <p>City Moline State IL Zip Code 61266</p> <p>Purpose of Disbursement Mailing</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10650</p> <p>Date of Disbursement 08 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 99.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Moline Post Office</p> <p>Mailing Address 514 17th St.</p> <p>City Moline State IL Zip Code 61266</p> <p>Purpose of Disbursement Stamps</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10651</p> <p>Date of Disbursement 08 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 117.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Moline Post Office</p> <p>Mailing Address 514 17th St.</p> <p>City Moline State IL Zip Code 61266</p> <p>Purpose of Disbursement Stamps</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10652</p> <p>Date of Disbursement 08 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 117.00</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) ..... ▶

**333.00**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Moline Post Office Mailing Address 514 17th St. City Moline State IL Zip Code 61266 Purpose of Disbursement Stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10653 Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Moline Post Office Mailing Address 514 17th St. City Moline State IL Zip Code 61266 Purpose of Disbursement Stamps for finance letters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10654 Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 1014.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Moline Post Office Mailing Address 514 17th St. City Moline State IL Zip Code 61266 Purpose of Disbursement mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10655 Date of Disbursement 09 / 19 / 2006 Amount of Each Disbursement this Period 7.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1060.73

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Moline Post Office

Mailing Address 514 17th St.

City Moline State IL Zip Code 61266

Purpose of Disbursement  
stamps

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10656  
Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

117.00

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

B.

Full Name (Last, First, Middle Initial)  
Moline Post Office

Mailing Address 514 17th St.

City Moline State IL Zip Code 61266

Purpose of Disbursement  
Stamps

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10657  
Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

234.00

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

C.

Full Name (Last, First, Middle Initial)  
National Pen Company

Mailing Address PO Box 55000

City Detroit State MI Zip Code 48255

Purpose of Disbursement  
Purchase 2500 logo pens

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10659  
Date of Disbursement

07 / 11 / 2006

Amount of Each Disbursement this Period

890.95

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

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

1241.95

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Kathy Nelson <hr/> Mailing Address 802 Meadowlawn Drive <hr/> City Geneseo State IL Zip Code 61254 <hr/> Purpose of Disbursement reimbursement - JDC Ticket Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11938 Date of Disbursement 07 / 07 / 2006 <hr/> Amount of Each Disbursement this Period 17.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson <hr/> Mailing Address 802 Meadow Lawn Dr. <hr/> City Geneseo State IL Zip Code 61254 <hr/> Purpose of Disbursement payroll - field Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10660 Date of Disbursement 07 / 14 / 2006 <hr/> Amount of Each Disbursement this Period 2544.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson <hr/> Mailing Address 802 Meadow Lawn Dr. <hr/> City Geneseo State IL Zip Code 61254 <hr/> Purpose of Disbursement Travel and parade supply reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10661 Date of Disbursement 07 / 21 / 2006 <hr/> Amount of Each Disbursement this Period 874.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3435.81

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson <hr/> Mailing Address 802 Meadow Lawn Dr. <hr/> City Geneseo State IL Zip Code 61254 <hr/> Purpose of Disbursement payroll - field Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10662 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
	Amount of Each Disbursement this Period 424.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson <hr/> Mailing Address 802 Meadow Lawn Dr. <hr/> City Geneseo State IL Zip Code 61254 <hr/> Purpose of Disbursement payroll - field Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
	Amount of Each Disbursement this Period 424.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson <hr/> Mailing Address 802 Meadow Lawn Dr. <hr/> City Geneseo State IL Zip Code 61254 <hr/> Purpose of Disbursement payroll-field Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10664 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
	Amount of Each Disbursement this Period 424.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1272.12

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson  Mailing Address 802 Meadow Lawn Dr.  City Geneseo State IL Zip Code 61254  Purpose of Disbursement payroll-field Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10665 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6  Amount of Each Disbursement this Period 424.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Kathy D. Nelson  Mailing Address 802 Meadow Lawn Dr.  City Geneseo State IL Zip Code 61254  Purpose of Disbursement Stamps reimburse Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6  Amount of Each Disbursement this Period 15.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Niemann Foods  Mailing Address 1705 Harrison St.  City Quincy State IL Zip Code 62306  Purpose of Disbursement Food for Golf Outing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.10667 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6  Amount of Each Disbursement this Period 261.81  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>700.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Office Machine Consultants, Inc.  Mailing Address 534 16th St.  City Rock Island State IL Zip Code 61265  Purpose of Disbursement Rental of Printers and Copiers Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10668 Date of Disbursement 07 / 18 / 2006  Amount of Each Disbursement this Period 842.97  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Machine Consultants, Inc.  Mailing Address 534 16th St.  City Rock Island State IL Zip Code 61265  Purpose of Disbursement copier rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12139 Date of Disbursement 07 / 18 / 2006  Amount of Each Disbursement this Period 650.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Office Machine Consultants, Inc.  Mailing Address 534 16th St.  City Rock Island State IL Zip Code 61265  Purpose of Disbursement copying and printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10669 Date of Disbursement 08 / 18 / 2006  Amount of Each Disbursement this Period 437.14  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1930.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Office Machine Consultants, Inc.

Mailing Address 534 16th St.

City State Zip Code  
Rock Island IL 61265

Purpose of Disbursement  
equipment lease  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB17.10670  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.** Full Name (Last, First, Middle Initial)  
Port Bryon Grove River Tug. Fest INC.

Mailing Address 120 Main ST

City State Zip Code  
Port Byron IL 61275

Purpose of Disbursement  
Entry fee for booth  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB17.10693  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**C.** Full Name (Last, First, Middle Initial)  
Power Promotions

Mailing Address 4215 E. 60th St  
Ste. B4

City State Zip Code  
Davenport IA 52807

Purpose of Disbursement  
big signs  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB17.12138  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Premium Graphics</p> <p>Mailing Address 2099 Thomas Rd</p> <p>City Memphis State TN Zip Code 38134</p> <p>Purpose of Disbursement</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.11965</p> <p>Date of Disbursement 08 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 2991.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Public Opinion Strategies</p> <p>Mailing Address 214 N. Fayette</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement poll</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10672</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 9000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) QC Press</p> <p>Mailing Address 1325 15th St.</p> <p>City Moline State IL Zip Code 61266</p> <p>Purpose of Disbursement Printing of envelopes and reply cards</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10673</p> <p>Date of Disbursement 07 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 263.00</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) ..... ▶

12254.65

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
QC Press

Mailing Address 1325 15th St.

City Moline State IL Zip Code 61266

Purpose of Disbursement  
Printed Materials

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10674  
Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

1482.00

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

B.

Full Name (Last, First, Middle Initial)  
QC Press

Mailing Address 1325 15th St.

City Moline State IL Zip Code 61266

Purpose of Disbursement  
printed materials, brochures

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10675  
Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

1645.00

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

C.

Full Name (Last, First, Middle Initial)  
Ramsey Covenant Commission

Mailing Address P.O. Box 2434

City Davenport State IA Zip Code 52809

Purpose of Disbursement  
automated phone calls

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.10620  
Date of Disbursement

09 / 08 / 2006

Amount of Each Disbursement this Period

877.60

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

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

4004.60

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ramsey Covenant Commission <hr/> Mailing Address P.O. Box 2434 <hr/> City Davenport State IA Zip Code 52809 <hr/> Purpose of Disbursement automated calls, phone poll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10621 Date of Disbursement 09 / 26 / 2006 <hr/> Amount of Each Disbursement this Period 2636.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Regalia <hr/> Mailing Address 2018 4th Ave. <hr/> City Rock Island State IL Zip Code 61204 <hr/> Purpose of Disbursement Printed materials Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10676 Date of Disbursement 07 / 25 / 2006 <hr/> Amount of Each Disbursement this Period 214.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Regalia <hr/> Mailing Address 2018 4th Ave. <hr/> City Rock Island State IL Zip Code 61204 <hr/> Purpose of Disbursement Logo rulers and pencils Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10677 Date of Disbursement 08 / 18 / 2006 <hr/> Amount of Each Disbursement this Period 692.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3542.30

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Regalia  Mailing Address 2018 4th Ave.  City Rock Island State IL Zip Code 61204  Purpose of Disbursement promotional items - balloons Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10678 Date of Disbursement 09 / 25 / 2006  Amount of Each Disbursement this Period 313.98  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) S. J. Smith Co.  Mailing Address 3707 W. River Dr.  City Davenport State IA Zip Code 52802  Purpose of Disbursement Helium and balloons Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10680 Date of Disbursement 09 / 25 / 2006  Amount of Each Disbursement this Period 314.37  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Sodexho Food Service  Mailing Address 1184 W. Main St.  City Decatur State IL Zip Code 62522  Purpose of Disbursement dinner cost for Hastert event Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.10681 Date of Disbursement 09 / 25 / 2006  Amount of Each Disbursement this Period 7365.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**7993.35**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) SS Graphics</p> <p>Mailing Address 4176 6th St.</p> <p>City Wyandotte State MI Zip Code 48192</p> <p>Purpose of Disbursement Bumper stickers</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10682</p> <p>Date of Disbursement 07 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 582.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Townsend Group</p> <p>Mailing Address 429 N. St. Asaph</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement PAC fundraising expense</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10683</p> <p>Date of Disbursement 08 / 18 / 2006</p> <p>Amount of Each Disbursement this Period 7417.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Townsend Group</p> <p>Mailing Address 429 N. St. Asaph</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement PAC retainer</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10684</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 2005.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**10005.78**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
TQMC

Mailing Address

City State Zip Code

Purpose of Disbursement  
2 car tires.

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.11988  
Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

270.71

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

B.

Full Name (Last, First, Middle Initial)  
U.S. Treasury

Mailing Address IRS Center

City State Zip Code  
Kansas City MO 64999

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10685  
Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

2845.03

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

C.

Full Name (Last, First, Middle Initial)  
U.S. Treasury

Mailing Address IRS Center

City State Zip Code  
Kansas City MO 64999

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10687  
Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

2224.13

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

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

5339.87

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Drew W. Veeneman

Transaction ID: SB17.10688  
Date of Disbursement

Mailing Address 131 W. Second St.

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	6

City State Zip Code  
Genoa ID 60135

Amount of Each Disbursement this Period

424.04
--------

Purpose of Disbursement  
payroll-field

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Drew W. Veeneman

Transaction ID: SB17.10689  
Date of Disbursement

Mailing Address 131 W. Second St.

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

City State Zip Code  
Genoa ID 60135

Amount of Each Disbursement this Period

225.66
--------

Purpose of Disbursement  
payroll-field

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Victory Enterprises

Transaction ID: SB17.10690  
Date of Disbursement

Mailing Address 5200 SW 30th St.

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

City State Zip Code  
Davenport IA 52802

Amount of Each Disbursement this Period

1981.71
---------

Purpose of Disbursement  
Yard Signs

--

Candidate Name

--

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

2631.41
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Victory Enterprises</p> <p>Mailing Address 5200 SW 30th St.</p> <p>City Davenport State IA Zip Code 52802</p> <p>Purpose of Disbursement yard signs</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10691</p> <p>Date of Disbursement 09 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 360.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jacquelyn Walls</p> <p>Mailing Address</p> <p>City Rock Island State IL Zip Code 61244</p> <p>Purpose of Disbursement field consulting</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10694</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Westview Golf Course</p> <p>Mailing Address 2150 S. 36th St.</p> <p>City Quincy State IL Zip Code 62301</p> <p>Purpose of Disbursement Fundraiser expense</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10695</p> <p>Date of Disbursement 07 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 482.00</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) ..... ▶

1542.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
ANDREA ZINGA

Transaction ID: SB17.10696  
Date of Disbursement

Mailing Address 510 EAST FIFTH STREET

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

City State Zip Code  
COAL VALLEY IL 61240

Amount of Each Disbursement this Period

394.63
--------

Purpose of Disbursement  
Reimburse for logo T-Shirts

--

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
ANDREA ZINGA

Transaction ID: SB17.11996  
Date of Disbursement

Mailing Address 510 EAST FIFTH STREET

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

City State Zip Code  
COAL VALLEY IL 61240

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
reimbursement - springfield black expo

--

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ANDREA ZINGA

Transaction ID: SB17.10697  
Date of Disbursement

Mailing Address 510 EAST FIFTH STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	6

City State Zip Code  
COAL VALLEY IL 61240

Amount of Each Disbursement this Period

2683.22
---------

Purpose of Disbursement  
Travel reimbursement (Washington)

--

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

3227.85
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**TOTAL** This Period (last page this line number only) ..... ►

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANDREA ZINGA</p> <p>Mailing Address 510 EAST FIFTH STREET</p> <p>City COAL VALLEY State IL Zip Code 61240</p> <p>Purpose of Disbursement reimburse for logo t-shirts</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10698</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="414.63"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANDREA ZINGA</p> <p>Mailing Address 510 EAST FIFTH STREET</p> <p>City COAL VALLEY State IL Zip Code 61240</p> <p>Purpose of Disbursement travel reimbursement</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10699</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1163.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ANDREA ZINGA</p> <p>Mailing Address 510 EAST FIFTH STREET</p> <p>City COAL VALLEY State IL Zip Code 61240</p> <p>Purpose of Disbursement photo reimburse</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.10700</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.50"/></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) ..... ▶

**1586.03**

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

**130641.70**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 96

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

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NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
ANDREA Lane ZINGA

Mailing Address 510 EAST FIFTH STREET

City State Zip Code  
COAL VALLEY IL 61240

Purpose of Disbursement  
loan repayment

Candidate Name  
ZINGA FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB19A.12061  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	7		0	7		2	0	0	6

Amount of Each Disbursement this Period

25000.00
----------

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

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

25000.00

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

25000.00

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

Transaction ID: SC/10.12052

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
ANDREA Lane ZINGA - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 510 EAST FIFTH STREET

City COAL VALLEY State IL ZIP Code 61240

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

**TERMS**

Date Incurred: MM DD YY YY YY YY  Secured:  Yes  No  
 06 30 2004 due on demand Interest Rate: 0.0000 % (apr)

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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="50000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value=".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)

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

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

## LOANS

NAME OF COMMITTEE (In Full)  
ZINGA FOR CONGRESS

Transaction ID: SC/10.12056

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
ANDREA Lane ZINGA - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 510 EAST FIFTH STREET

City COAL VALLEY State IL ZIP Code 61240

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	25000.00	0.00

### TERMS

Date Incurred: MM/06 DD/30 YY/2006  
 Date Due: on demand  
 Interest Rate: 0.0000 % (apr)  
 Secured:  Yes  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	50000.00

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)  
ZINGA FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BAM Design			Nature of Debt (Purpose): Printing
Mailing Address 1101 Show Creek			
City Normal	State IL	ZIP Code 61761	

Outstanding Balance Beginning This Period 1420.00		<b>Transaction ID: SD10.12130</b>	
Amount Incurred This Period 0.00	Payment This Period 1420.00	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Capitol Resources, Inc.			Nature of Debt (Purpose): fundraising
Mailing Address 700 East Pleasant St, P.O. Box 257			
City Brooklyn	State IA	ZIP Code 52211	

Outstanding Balance Beginning This Period 896.10		<b>Transaction ID: SD10.12072</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 896.10	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Gallitin River Communications			Nature of Debt (Purpose): phone equipment
Mailing Address 200 Enterprise Dr			
City Pekin	State IL	ZIP Code 61554	

Outstanding Balance Beginning This Period 0.72		<b>Transaction ID: SD10.12122</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.72	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	896.82
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> 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)  
ZINGA FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> GraphixOne			Nature of Debt (Purpose): campaign material design
Mailing Address 1859 Avenue of the Cities			
City Moline	State IL	ZIP Code 61265	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.12131</b>	
Amount Incurred This Period <input type="text" value="475.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="475.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> JK Creative			Nature of Debt (Purpose): printing
Mailing Address 2029 Hollister-Whitney Parkway			
City Quincy	State IL	ZIP Code 62301	

Outstanding Balance Beginning This Period <input type="text" value="3040.58"/>		<b>Transaction ID: SD10.12078</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3040.58"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Mr. Charles McClurg			Nature of Debt (Purpose): travel, lodging, meals
Mailing Address 510 East Fifth Street			
City Coal Valley	State IL	ZIP Code 61240	

Outstanding Balance Beginning This Period <input type="text" value="2405.00"/>		<b>Transaction ID: SD10.12080</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2405.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5920.58"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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)  
ZINGA FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Adam Newman			Nature of Debt (Purpose): travel, lodging, meals
Mailing Address P.O. Box 3005			
City Quincy	State IL	ZIP Code 62305	

Outstanding Balance Beginning This Period <input type="text" value="893.06"/>		<b>Transaction ID: SD10.12084</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="893.06"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Office Machine Consultants, Inc.			Nature of Debt (Purpose): copier rental
Mailing Address 534 16th St.			
City Rock Island	State IL	ZIP Code 61265	

Outstanding Balance Beginning This Period <input type="text" value="650.00"/>		<b>Transaction ID: SD10.12129</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="650.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Power Promotions			Nature of Debt (Purpose): Printing
Mailing Address 4215 E. 60th St Ste. B4			
City Davenport	State IA	ZIP Code 52807	

Outstanding Balance Beginning This Period <input type="text" value="1972.53"/>		<b>Transaction ID: SD10.12128</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1972.53"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="893.06"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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)  
ZINGA FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Turnkey Digital Ltd			Nature of Debt (Purpose): website management/ travel reimbursement
Mailing Address 9345 Ryan Court			
City Wonder Lake	State IL	ZIP Code 60097-8174	

Outstanding Balance Beginning This Period		Transaction ID: SD10.12085	
74.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	74.50	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ANDREA Lane ZINGA			Nature of Debt (Purpose): travel, lodging, meals, supplies for cam
Mailing Address 510 EAST FIFTH STREET			
City COAL VALLEY	State IL	ZIP Code 61240	

Outstanding Balance Beginning This Period		Transaction ID: SD10.12086	
5227.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5227.70	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	5302.20
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	13012.66
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	50000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	63012.66