

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

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

FOR LINE NUMBER: PAGE 6 / 180

(check only one)

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

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NAME OF COMMITTEE (In Full)

Donald A. Manzullo for Congress

**A.**

Full Name (Last, First, Middle Initial)

Christ Fillip

Mailing Address 10365 N Leaf River Rd

City

Leaf River

State

IL

Zip Code

61047-9710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fillip Metal Cabinet Co.

Occupation

Retired Owner /President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 71004.C39819

Amount of Each Receipt this Period

500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)

Jodi Holbrook

Mailing Address 1078 Williamsport Dr

City

Rockford

State

IL

Zip Code

61102-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Clinic

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: 71004.C40023

Amount of Each Receipt this Period

2300.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)

Don Horner

Mailing Address PO Box 87

City

Rochelle

State

IL

Zip Code

61068-0087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unger Horner Funeral Home

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: 70913.C39725

Amount of Each Receipt this Period

200.00

Receipt

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

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

3000.00

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