

# 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

Citizens for Robert Abboud

ADDRESS (number and street) 1548 East Algonquin Road

PMB #613

Algonquin IL 60102

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00437251

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

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

IL 16

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C)  Special (12S)

Election on 02 05 2008 in the State of IL

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

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

Election on in the State of

5. Covering Period 10 01 2007 through 01 16 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Samuel Melei

Signature of Treasurer Electronically Filed by Samuel Melei Date 02 29 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Robert Abboud

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
0	1

D	D
1	6

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	39263.39	116353.12
(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)).....	39263.39	116353.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	69866.29	90235.85
(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)).....	69866.29	90235.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36117.27	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Citizens for Robert Abboud

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	1

D	D
1	6

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

32521.18

97757.16

(ii) Unitemized.....

2705.02

4766.02

(iii) TOTAL of contributions

35226.20

102523.18

from individuals..... ▶

0.00

500.00

(b) Political Party Committees.....

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

0.00

0.00

(d) The Candidate.....

4037.19

13329.94

(e) TOTAL CONTRIBUTIONS (other than loans)

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

39263.39

116353.12

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

0.00

0.00

13. LOANS

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

10000.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

10000.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES

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

0.00

0.00

15. OTHER RECEIPTS

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

0.00

0.00

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

49263.39

126353.12

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	69866.29	90235.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	69866.29	90235.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	56720.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	49263.39
25. SUBTOTAL (add Line 23 and Line 24).....	105983.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69866.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36117.27

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

<b>Name of Candidate</b>		<b>Candidate ID Number</b>		
Robert Abboud		H8IL16062		
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>		
Citizens for Robert Abboud		C C00437251		
<b>Committee Address</b>				
1548 East Algonquin Road PMB #613				
<b>City</b>	<b>State</b>	<b>ZIP</b>		
Algonquin	IL	60102		
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election				
	<b>Primary</b>		<b>General</b>	
1. Gross receipts of authorized committees .....	100953.12		25400.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	23329.94		0.00	
3. Gross receipts minus the candidate's personal contributions .....	77623.18		25400.00	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35  
(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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) A. Robert Abboud</p> <p>Mailing Address 209 Braeburn Road</p> <p>City State Zip Code Barrington Hills IL 60010</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation ARACO Investment Banker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">4600.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p><b>Transaction ID:</b> C14526316</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	1	/	2	0	0	7												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joan G. Abboud</p> <p>Mailing Address 209 Braeburn Road</p> <p>City State Zip Code Barrington Hills IL 60010</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">4600.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p><b>Transaction ID:</b> C14526318</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	1	/	2	0	0	7												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Katherine J. Abboud</p> <p>Mailing Address 367 Suffield Avenue</p> <p>City State Zip Code Birmingham MI 48009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Armstrong White Advertising</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p><b>Transaction ID:</b> C14596858</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	1	/	2	0	0	7												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">6900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenn Aquino		Date of Receipt
	Mailing Address 12 Moate Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14551913
Name of Employer Price Waterhouse Coopers		Occupation Partner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<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) Harrison Bischof		Date of Receipt
	Mailing Address 29 Brinker Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Barrington Hills	IL	
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14561406
Name of Employer Self-employed		Occupation Businessman	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<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) John L. Borling		Date of Receipt
	Mailing Address 1978 Harlem Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Rockford	IL	61103-6358
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14596915
Name of Employer Performance Consulting Group		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
		<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"/> 2000.00
<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 8 / 35
	<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Phillip J. Charleson		Date of Receipt MM / DD / YYYY 12 / 11 / 2007
	Mailing Address 1033 Skokie Boulevard		<b>Transaction ID:</b> C14526308
	City Northbrook	State IL	Zip Code 60062
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
	Name of Employer Merrill Lynch	Occupation Financial Advisor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Flannery		Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 100 Brinker Road		<b>Transaction ID:</b> C14551917
	City Barrington	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer White Way Signs	Occupation Business Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Herbert H. Franks		Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 19324 East Grant Highway		<b>Transaction ID:</b> C14542097
	City Marengo	State IL	Zip Code 60152-9438
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer The Law Firm of Franks, Gerkin and McK	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<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 9 / 35  
(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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) William M. Frykman</p> <p>Mailing Address 367 Suffield Avenue</p> <p>City State Zip Code Birmingham MI 48009</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Ford Motor Company Engineer</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> C14596865</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	1	/	2	0	0	7												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Fritz Gohl</p> <p>Mailing Address 354 Old Sutton</p> <p>City State Zip Code Barrington Hills IL 60010</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-employed Businessman</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> C12055066</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	2	/	2	0	0	7												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Gregg R. Hague</p> <p>Mailing Address 1294 Scott Avenue</p> <p>City State Zip Code Winnetka IL 60093</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Sperling &amp; Slater Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> C14596884</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	7												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Hanover	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 208 Spring Creek Road	<b>Transaction ID:</b> C14559544
	City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas Hanover	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 208 Spring Creek Road	<b>Transaction ID:</b> C14559543
	City State Zip Code Barrington IL 60010	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Consultant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lucinda Hanover	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 208 Srpring Creek Road	<b>Transaction ID:</b> C14559539
	City State Zip Code Barrington Hills IL	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Consultant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6900.00</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: (check only one)	PAGE 11 / 35
	<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Lucinda Hanover		Date of Receipt
	Mailing Address 208 Sprng Creek Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Barrington Hills	IL	
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14559538
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Consultant			<input type="text"/>
Receipt For: 2008		Election Cycle-to-Date ▼	2300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		<input type="text"/>	
		4600.00	<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) Paul Loeber		Date of Receipt
	Mailing Address 112 County Line Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14526312
Name of Employer Mercedes-Benz		Occupation	Amount of Each Receipt this Period
Dealership Owner			<input type="text"/>
Receipt For: 2008		Election Cycle-to-Date ▼	2300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		<input type="text"/>	
		3000.00	<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) Paul Loeber		Date of Receipt
	Mailing Address 112 County Line Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14526313
Name of Employer Mercedes-Benz		Occupation	Amount of Each Receipt this Period
Dealership Owner			<input type="text"/>
Receipt For: 2008		Election Cycle-to-Date ▼	700.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		<input type="text"/>	
		3000.00	<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"/>
<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 12 / 35  
(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)  
Citizens for Robert Abboud

**A.**

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

Mailing Address 23 Bow Lane

City State Zip Code  
Barrington Hills IL 60010

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

Name of Employer Occupation  
HD Films Film Producer

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

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2007

**Transaction ID:** C14526951

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)  
Robert McGinley

Mailing Address 2514 31st Street

City State Zip Code  
Santa Monica CA 90405

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

Name of Employer Occupation  
Horizon Farms, LLC President

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

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2008

**Transaction ID:** C14579144

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)  
James Owen

Mailing Address 1818 Crystal Creek Drive

City State Zip Code  
Terre Haute IN 47802

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

Name of Employer Occupation  
Spence/Banks Oil Oil Jobber

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

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2007

**Transaction ID:** C14552692

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) ..... ► **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce R. Pfaff		Date of Receipt
	Mailing Address 409 Three Lakes Road		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Barrington	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14596894
Name of Employer Pfaff & Gill, Ltd.		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>
		<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) Walter E. Smithe		Date of Receipt
	Mailing Address 428 Caesar Drive		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Barrington Hills	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14526957
Name of Employer Walter E. Smithe Furniture, Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>
		<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) Nina Stephenson		Date of Receipt
	Mailing Address 84 Meadow Hill Drive		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Barrington Hills	IL	60010
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C14597484
Name of Employer Self-Employed		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1671.18"/>
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
		* In-Kind: Abboud b-day event food/drink exp	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="996.18"/>
<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 14 / 35  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.** Full Name (Last, First, Middle Initial)  
Nina Stephenson  
Mailing Address 84 Meadow Hill Drive  
City State Zip Code  
Barrington Hills IL 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1671.18  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 7  
Transaction ID: C14597495  
Amount of Each Receipt this Period  
213.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* In-Kind: Minuteman Press - campaign signs

**B.** Full Name (Last, First, Middle Initial)  
Nina Stephenson  
Mailing Address 84 Meadow Hill Drive  
City State Zip Code  
Barrington Hills IL 60010  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1671.18  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7  
Transaction ID: C14597496  
Amount of Each Receipt this Period  
212.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* In-Kind: Minuteman pres-  
- campaigning sign

**C.** Full Name (Last, First, Middle Initial)  
Adlai E. Stevenson, III  
Mailing Address 2117 North Fremont Street  
City State Zip Code  
Chicago IL 60614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation  
Self-employed Businessman  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7  
Transaction ID: C14551923  
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) ..... ► 925.00  
**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 / 35
	(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)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial) Greg Tuite		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 5106 Woodie Ranch Lane		<b>Transaction ID:</b> C12055047
City Rockford	State IL	Zip Code 61114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Ted Wagner		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 3 Dauphine Court		<b>Transaction ID:</b> C12055041
City Oakwood Hills	State IL	Zip Code 60013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
Name of Employer Wagner Commercial	Occupation Real Estate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>32521.18</b>

**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 16 / 35
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 13 Country Oaks Lane		<b>Transaction ID:</b> C14597380
	City Barrington Hills	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1184.40
	Name of Employer RGA Labs, Inc	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 23329.94	* In-Kind: American Airlines- consults travel	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud		Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 13 Country Oaks Lane		<b>Transaction ID:</b> C14597382
	City Barrington Hills	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 578.02
	Name of Employer RGA Labs, Inc	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 23329.94	* In-Kind: 1800 Conference- conf call	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud		Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 13 Country Oaks Lane		<b>Transaction ID:</b> C14597476
	City Barrington Hills	State IL	Zip Code 60010
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.68
	Name of Employer RGA Labs, Inc	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 23329.94	* In-Kind: Office Depot - supplies	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1897.10
<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 17 / 35
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 13 Country Oaks Lane	<b>Transaction ID:</b> C14597477
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 1357.47
	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 RGA Labs, Inc Engineer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 23329.94	* In-Kind: Hilton Hotel - travel expenses

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 13 Country Oaks Lane	<b>Transaction ID:</b> C14597478
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 15.10
	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 RGA Labs, Inc Engineer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 23329.94	* In-Kind: Gas Mart- travel expns- gas

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud	Date of Receipt MM / DD / YYYY 01 / 03 / 2008
	Mailing Address 13 Country Oaks Lane	<b>Transaction ID:</b> C14597479
	City State Zip Code Barrington Hills IL 60010	Amount of Each Receipt this Period 17.52
	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 RGA Labs, Inc Engineer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 23329.94	* In-Kind: Wendy's - food- /travel exp

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1390.09</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 18 / 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code  
Barrington Hills IL 60010

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

Name of Employer Occupation  
RGA Labs, Inc Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
23329.94

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

Transaction ID: C14597480

Amount of Each Receipt this Period  
750.00

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

\* In-Kind: Voterlistsonline.com - voter list

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4037.19

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 35  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code  
Barrington Hills IL 60010

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

Name of Employer Occupation  
RGA Labs, Inc Engineer

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

23329.94

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

Transaction ID: C14597235

Amount of Each Receipt this Period  
10000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
3rd Coast Research

Mailing Address 300 North State Street#4705

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
campaign research

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D283991

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

5500.00

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

B.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
Credit card processing fees.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D286835

Date of Disbursement

12 / 16 / 2007

Amount of Each Disbursement this Period

3.95

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

C.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
Credit card processing fees.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D286836

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

63.99

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

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

5567.94

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)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement Credit card processing fees. Candidate Name	Transaction ID: D286837 Date of Disbursement 01 / 06 / 2008
	Amount of Each Disbursement this Period 364.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement Credit card processing fees. Candidate Name	Transaction ID: D286838 Date of Disbursement 01 / 13 / 2008
	Amount of Each Disbursement this Period 47.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Bishop Dworkin LLC Mailing Address 1743 P Street NW #201 City Washington State DC Zip Code 20036 Purpose of Disbursement Finance consult fee Candidate Name	Transaction ID: D283984 Date of Disbursement 11 / 27 / 2007
	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4411.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Bishopp Dworkin LLC <hr/> Mailing Address 1743 P Street NW #201 <hr/> City Washington State DC Zip Code 20036 Purpose of Disbursement Fundraising consult fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D284095 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Click & Pledge <hr/> Mailing Address 2200 Kraft Drive Suite 1175 <hr/> City Blacksburg State VA Zip Code 24060 Purpose of Disbursement online contribution mngmnt fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D287272 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 341.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Click & Pledge <hr/> Mailing Address 2200 Kraft Drive Suite 1175 <hr/> City Blacksburg State VA Zip Code 24060 Purpose of Disbursement online contribution manmmt fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D287273 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 121.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3463.13
<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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) Click &amp; Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement online contribution mangmnt fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D287274 <b>Date of Disbursement</b> 12 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 232.17</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) Click &amp; Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement online contribution mangmnt fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D287275 <b>Date of Disbursement</b> 12 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 14.38</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) Click &amp; Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement online contribution mangmnt fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D287276 <b>Date of Disbursement</b> 01 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</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) ..... ▶

296.55

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) Click &amp; Pledge</p> <p>Mailing Address 2200 Kraft Drive Suite 1175</p> <p>City Blacksburg State VA Zip Code 24060</p> <p>Purpose of Disbursement Online Donation/credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D236902</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 133.00</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) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement finance 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283992</p> <p>Date of Disbursement 12 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 750.00</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) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement finance 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283993</p> <p>Date of Disbursement 12 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2383.00</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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement finance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283994</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement mileage, travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283995</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 85.36</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) Fako &amp; Associates</p> <p>Mailing Address 1440 Maple Ave. Suite 10A</p> <p>City Lisle State IL Zip Code 60532</p> <p>Purpose of Disbursement polling consult fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283979</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</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) ..... ▶

4085.36

**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)  
Citizens for Robert Abboud

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Fako &amp; Associates</p> <p>Mailing Address 1440 Maple Ave. Suite 10A</p> <p>City Lisle State IL Zip Code 60532</p> <p>Purpose of Disbursement Benchmark Poll - 1st installment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283980</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 11250.00</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) Fako &amp; Associates</p> <p>Mailing Address 1440 Maple Ave. Suite 10A</p> <p>City Lisle State IL Zip Code 60532</p> <p>Purpose of Disbursement Benchmark Poll- 2nd installment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283981</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 11250.00</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) Michael Kasper</p> <p>Mailing Address 222 N. LaSalle Suite 300</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D283996</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</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) ..... ▶

23000.00

**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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) MSHC Partners, Inc.</p> <p>Mailing Address 1155 15th street, NW Suite 300</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement campaign lit- walk piece</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D284092</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3025.00</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) Nenning Printing, Inc.</p> <p>Mailing Address 2485 East Devon Avenue</p> <p>City Elk Grove Village State IL Zip Code 60007</p> <p>Purpose of Disbursement campaign posters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D284098</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 425.00</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) Robert G. Abboud</p> <p>Mailing Address 13 Country Oaks Lane</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement American Airlines- consults travel</p> <p>Candidate Name Robert Abboud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D286850</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1184.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>4634.40</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 35

<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)  
Citizens for Robert Abboud

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud  Mailing Address 13 Country Oaks Lane  City Barrington Hills State IL Zip Code 60010 Purpose of Disbursement 1800 Conference- conf call Candidate Name Robert Abboud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D286852 Date of Disbursement 12 / 05 / 2007  Amount of Each Disbursement this Period 578.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud  Mailing Address 13 Country Oaks Lane  City Barrington Hills State IL Zip Code 60010 Purpose of Disbursement Office Depot - supplies Candidate Name Robert Abboud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D287262 Date of Disbursement 12 / 13 / 2007  Amount of Each Disbursement this Period 134.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received
<b>C.</b>	Full Name (Last, First, Middle Initial) Robert G. Abboud  Mailing Address 13 Country Oaks Lane  City Barrington Hills State IL Zip Code 60010 Purpose of Disbursement Hilton Hotel - travel expenses Candidate Name Robert Abboud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D287264 Date of Disbursement 12 / 14 / 2007  Amount of Each Disbursement this Period 1357.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * in-kind received

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2070.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Transaction ID: D287265  
Date of Disbursement

Mailing Address 13 Country Oaks Lane

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

City State Zip Code  
Barrington Hills IL 60010

Amount of Each Disbursement this Period

15.10
-------

Purpose of Disbursement  
Gas Mart- travel expns- gas

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

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

Candidate Name  
Robert Abboud

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

\* in-kind received

State: IL District: 16

B.

Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Transaction ID: D287266  
Date of Disbursement

Mailing Address 13 Country Oaks Lane

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

City State Zip Code  
Barrington Hills IL 60010

Amount of Each Disbursement this Period

17.52
-------

Purpose of Disbursement  
Wendy's - food/travel exp

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

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

Candidate Name  
Robert Abboud

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

\* in-kind received

State: IL District: 16

C.

Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Transaction ID: D287268  
Date of Disbursement

Mailing Address 13 Country Oaks Lane

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

City State Zip Code  
Barrington Hills IL 60010

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Voterlistsonline.com - voter list

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

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

Candidate Name  
Robert Abboud

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

\* in-kind received

State: IL District: 16

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

782.62
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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)  
Citizens for Robert Abboud

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nina Stephenson</p> <p>Mailing Address 84 Meadow Hill Drive</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Abboud b-day event food/drink exp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D287280</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 246.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nina Stephenson</p> <p>Mailing Address 84 Meadow Hill Drive</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Minuteman Press - campaign signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D287287</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 213.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nina Stephenson</p> <p>Mailing Address 84 Meadow Hill Drive</p> <p>City Barrington Hills State IL Zip Code 60010</p> <p>Purpose of Disbursement Minuteman press- campaign sign</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D287288</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 212.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>

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

671.18

**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)  
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Temkin & Temkin	Transaction ID: D283982 Date of Disbursement 10 / 01 / 2007
	Mailing Address 1954 First Street 187	Amount of Each Disbursement this Period 1900.00
	City Highland Park State IL Zip Code 60035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign management fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Temkin & Temkin	Transaction ID: D283983 Date of Disbursement 10 / 05 / 2007
	Mailing Address 1954 First Street 187	Amount of Each Disbursement this Period 1900.00
	City Highland Park State IL Zip Code 60035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign management fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Edward Yoon	Transaction ID: D283985 Date of Disbursement 11 / 28 / 2007
	Mailing Address 146 S. Oxford #1	Amount of Each Disbursement this Period 4666.66
	City Los Angeles State CA Zip Code 90004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign management fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8466.66
<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)  
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Edward Yoon  Mailing Address 146 S. Oxford #1  City Los Angeles State CA Zip Code 90004  Purpose of Disbursement mileage, travel reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D283986 Date of Disbursement 11 / 27 / 2007  Amount of Each Disbursement this Period 1151.69  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Edward Yoon  Mailing Address 146 S. Oxford #1  City Los Angeles State CA Zip Code 90004  Purpose of Disbursement campaign management fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D283987 Date of Disbursement 12 / 13 / 2007  Amount of Each Disbursement this Period 3500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Edward Yoon  Mailing Address 146 S. Oxford #1  City Los Angeles State CA Zip Code 90004  Purpose of Disbursement mileage, travel reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D283988 Date of Disbursement 12 / 13 / 2007  Amount of Each Disbursement this Period 298.28  <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) ..... ▶	4949.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.	Full Name (Last, First, Middle Initial) Edward Yoon  Mailing Address 146 S. Oxford #1  City Los Angeles State CA Zip Code 90004  Purpose of Disbursement campaign management fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D283989 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 3500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Edward Yoon  Mailing Address 146 S. Oxford #1  City Los Angeles State CA Zip Code 90004  Purpose of Disbursement mileage, office supplies, stamps reimburse Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D283990 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8  Amount of Each Disbursement this Period 283.33  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Edward Yoon  Mailing Address 146 S. Oxford #1  City Los Angeles State CA Zip Code 90004  Purpose of Disbursement campaign management fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D284099 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4783.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	69566.10

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 34 / 35
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**Transaction ID: L595**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Robert G. Abboud, PERS FUNDS	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13 Country Oaks Lane	
City Barrington Hills State IL ZIP Code 60010	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 0 7 Y Y Y Y 2 0 0 8	11/15/2009	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>10000.00</b>

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

Image# 28930737322

Form/Schedule: **F3A**

Transaction ID:

Dear Madame or Sir, This amendment is in response to the FEC's letter to the campaign of 1/29/08.  
Please let me know if you have any questions or concerns. Very truly yours, Samuel Melei  
Treasurer Citizens for Robert Abboud

Form/Schedule: **SC/10**

14597235

Transaction ID: **L595**

\*\*\*\*\*