

**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 RUSH

ADDRESS (number and street)

1300 E. 47th Street, PMB #448

Check if different than previously reported. (ACC)

CHICAGO

IL

60653

4508

2. **FEC IDENTIFICATION NUMBER**

C00257121

CITY

STATE

ZIP CODE

STATE DISTRICT

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

IL

01

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 2004 through 09 30 2004

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 Sheila L. Jackson

Signature of Treasurer Electronically Filed by Sheila L. Jackson Date 12 02 2004

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

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CITIZENS FOR RUSH

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 7 0 1 2 0 0 4 0 9 3 0 2 0 0 4

	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(a)).....	20725.00	406366.06
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	304.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20725.00	406061.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	18012.61	188886.03
(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)).....	18012.61	188886.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	150272.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	16599.43	

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 02/2003)

Page 3

Write or Type Committee Name
CITIZENS FOR RUSH

Report Covering the Period: From: ^{M M} 0 7 ^{D J} 0 1 ^Y 2 0 0 4 To: ^{V V} 0 9 ^{U J} 3 0 ^Y 2 0 0 4

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).....	2625.00	
(ii) Unitemized.....	100.00	
(iii) TOTAL of contributions	2725.00	187140.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	18000.00	219226.06
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	20725.00	406366.06
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	20725.00	406366.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	18012.61	188886.03
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
<hr/>		
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	304.56
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	304.56
<hr/>		
21. OTHER DISBURSEMENTS.....	34475.13	101301.02
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	52487.74	290491.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	182035.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	20725.00
25. SUBTOTAL (add Line 23 and Line 24).....	202760.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52487.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	150272.91

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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 RUSH

Full Name (Last, First, Middle Initial) A. Fred Eychaner		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 1645 W. Fullerton		Transaction ID: SA11A1.9890
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Newsweb Corporation	Occupation Not Available	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Milton E. Moses		Date of Receipt M / D / Y 07 / 28 / 2004
Mailing Address 526 East 87th Street		Transaction ID: SA11A1.9899
City Chicago	State IL	Zip Code 60619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Community Insurance Centa- r, Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Lawrence J. Suffedln, Jr.		Date of Receipt M / D / Y 09 / 28 / 2004
Mailing Address 2431 Pioneer		Transaction ID: SA11A1.9931
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Shelsky & Fiekuch Ltd.	Occupation Attorney at Law	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. Matthew A. Yale		Date of Receipt M / D / Y 09 / 26 / 2004
Mailing Address 380 West Illinois #523		Transaction ID: SA11A1.10032
City Chicago	State IL	Zip Code 60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ariel Mutual Funds	Occupation Investor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Terrence A. Young		Date of Receipt M / D / Y 07 / 08 / 2004
Mailing Address 4119 S. Drexel Blvd.		Transaction ID: SA11A1.0849
City Chicago	State IL	Zip Code 60653
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fannie Mae Corporation	Occupation Corporate Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	2625.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 28

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. ALBERTSON'S INC POLITICAL ACTION COMMITTEE (FKA AMER STORES CO FED PAC)		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address PD BOX 20		Transaction ID: SA11C.9911
City	State	Zip Code
BOISE	ID	83726
FEC ID number of contributing federal political committee. C C00243220		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)		Date of Receipt M / D / Y 08 / 14 / 2004
Mailing Address 325 7TH STREET NW		Transaction ID: SA11C.9910
City	State	Zip Code
WASHINGTON	DC	20007
FEC ID number of contributing federal political committee. C CD0106148		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS POLITICAL ACTION COMMITTEE (ASIPP)		Date of Receipt M / D / Y 08 / 29 / 2004
Mailing Address 2831 LDNE OAK ROAD		Transaction ID: SA11C.9984
City	State	Zip Code
PADUCAH	KY	42003
FEC ID number of contributing federal political committee. C CD0351197		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. AON CORPORATION POLITICAL ACTION COMMITTEE (AON PAC)		Date of Receipt M / D / Y 09 / 26 / 2004
Mailing Address 200 EAST RANDOLPH		Transaction ID: SA11C.10030
City	State	Zip Code
CHICAGO	IL	60601
FEC ID number of contributing federal political committee. C C00211250		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ARMENIAN AMERICAN PAC (ARMENPAC)		Date of Receipt M / D / Y 09 / 16 / 2004
Mailing Address 421 E AIRPORT FREEWAY		Transaction ID: SA11C.8925
City	State	Zip Code
IRVING	TX	75206
FEC ID number of contributing federal political committee. C CD0352054		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address 501 THIRD STREET NW		Transaction ID: SA11C.9886
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. C CD0002059		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. DELOITTE AND TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 08 / 26 / 2004
Mailing Address PD BOX 385		Transaction ID: SA11C.9912
City	State	Zip Code
WASHINGTON	DC	20044
FEC ID number of contributing federal political committee. C C00211318		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. ILLINOIS POLITICAL ACTIVE LETTER CARRIERS		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address PD BOX 561 4820 22ND AVENUE		Transaction ID: SA11C.9932
City	State	Zip Code
ORLAND PARK	IL	60462
FEC ID number of contributing federal political committee. C CD0264689		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 607 14th Street N.W. Suite 800		Transaction ID: SA11C.9924
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C CD0002600		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1892.09	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOMMLNICATIONS EDUCATION COMM		Date of Receipt M / D / Y 09 / 16 / 2004
Mailing Address 4121 Wilson Blvd. 10th Floor		Transaction ID: SA11C.9929
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C C00004473		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SONY PICTURES ENTERTAINMENT INC. PAC		Date of Receipt M / D / Y 09 / 29 / 2004
Mailing Address 10202 W. WASHINGTON BLVD.		Transaction ID: SA11C.9988
City CULVER CITY	State CA	Zip Code 90232
FEC ID number of contributing federal political committee. C CD0282038		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. SPRINT CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 09 / 29 / 2004
Mailing Address 6450 Sprint Parkway KSOPHN0212-2A454		Transaction ID: SA11C.9988
City Overland Park	State KS	Zip Code 66251
FEC ID number of contributing federal political committee. C CD0089342		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS/VERIZON COMM INC PAC		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 'VERIZON WIRELESS PAC' 180 WASHINGTON VALLEY ROAD		Transaction ID: SA11C.9930
City	State	Zip Code
BEDMINSTER	NJ	07821
FEC ID number of contributing federal political committee. C C00363127		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. WALGREEN CO PAC		Date of Receipt M / D / Y 07 / 30 / 2004
Mailing Address 200 WILMOT ROAD MS #2255		Transaction ID: SA11C.9882
City	State	Zip Code
DEERFIELD	IL	60015
FEC ID number of contributing federal political committee. C C00160770		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	18000.00

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)

PAGE 12 / 29

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

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. Asselta & Company

Mailing Address 222 West Ontario
 Suite 503

City Chicago State IL Zip Code 60610

Purpose of Disbursement
 Fundraiser

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 003

Transaction ID: SB17.9883
 Date of Disbursement
 07 / 01 / 2004

Amount of Each Disbursement this Period
 14449.38

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

Full Name (Last, First, Middle Initial)
B. Carolyn A. Rush

Mailing Address 3534 S. Calumet Ave.

City Chicago State IL Zip Code 60653

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Transaction ID: SB17.9885
 Date of Disbursement
 07 / 22 / 2004

Amount of Each Disbursement this Period
 3500.00

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

Full Name (Last, First, Middle Initial)
C. ShoreBank

Mailing Address 7054 S. Jeffery Blvd.

City Chicago State IL Zip Code 60649

Purpose of Disbursement
 Bank Charges

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 0D1

Transaction ID: SB17.9936
 Date of Disbursement
 07 / 30 / 2004

Amount of Each Disbursement this Period
 22.88

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

SUBTOTAL of Disbursements This Page (optional) ▶ **17972.07**

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 13 / 29

<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. ShoreBank

Mailing Address 7054 S. Jeffery Blvd.

City Chicago State IL Zip Code 60649

Purpose of Disbursement
 Bank Service Charges

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type 001

Transaction ID: SB17.9937
 Date of Disbursement
 08 / 31 / 2004

Amount of Each Disbursement this Period
 18.94

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

Full Name (Last, First, Middle Initial)
B. ShoreBank

Mailing Address 7054 S. Jeffery Blvd.

City Chicago State IL Zip Code 60649

Purpose of Disbursement
 Bank Charges

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type 001

Transaction ID: SB17.9938
 Date of Disbursement
 09 / 30 / 2004

Amount of Each Disbursement this Period
 21.60

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

SUBTOTAL of Disbursements This Page (optional)	▶	40.54
TOTAL This Period (last page this line number only)	▶	18012.61

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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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. Asselta & Company

Mailing Address 222 West Ontario
 Suite 503

City Chicago State IL Zip Code 60610

Purpose of Disbursement
 Fundraising Fee -

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 003

Transaction ID: SB21.9984
 Date of Disbursement
 09 / 23 / 2004

Amount of Each Disbursement this Period
 10000.00

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

Full Name (Last, First, Middle Initial)
B. ATA AIRLINES

Mailing Address CHICAGO-MIDWAY AIRPORT

City CHICAGO State IL Zip Code 60600

Purpose of Disbursement
 AIRFARE

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 002

Transaction ID: SB21.9989
 Date of Disbursement
 07 / 30 / 2004

Amount of Each Disbursement this Period
 304.20

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Back Bay Coach

Mailing Address Not Available

City Boston State MA Zip Code 02000

Purpose of Disbursement
 Cab Fare

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 002

Transaction ID: SB21.9975
 Date of Disbursement
 07 / 26 / 2004

Amount of Each Disbursement this Period
 15.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **10000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. Beloved Community Christian Church

Mailing Address 6540 S. Lowe

City Chicago State IL Zip Code 60600

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

012
Category/
Type

Transaction ID: SB21.9861
Date of Disbursement

09 / 02 / 2004

Amount of Each Disbursement this Period

3000.00

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

Full Name (Last, First, Middle Initial)
B. Beloved Community Christian Church

Mailing Address 6540 S. Lowe

City Chicago State IL Zip Code 60600

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

012
Category/
Type

Transaction ID: SB21.10014
Date of Disbursement

09 / 21 / 2004

Amount of Each Disbursement this Period

3000.00

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

Full Name (Last, First, Middle Initial)
C. Congressional Black Caucus Foundation, Inc.

Mailing Address 1004 Pennsylvania Ave., S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Tickets for Spouses Event

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

012
Category/
Type

Transaction ID: SB21.9941
Date of Disbursement

09 / 10 / 2004

Amount of Each Disbursement this Period

1615.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

7615.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)

A. CopyCop

Mailing Address 615 Boylston Street

City Boston State MA Zip Code 02000

Purpose of Disbursement
Printing - Business Cards

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: SB21.9873

Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

59.24

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAN LIPINSKI FOR CONGRESS

Mailing Address 4501 GRAND

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement
Contribution

Candidate Name
DAN LIPINSKI FOR CONGRESS

Office Sought: x House Senate President
State: IL District 03

Disbursement For: 2004 Primary X General Other (specify) ▼

011
Category/
Type

Transaction ID: SB21.10243

Date of Disbursement

09 / 30 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Grand Hyatt Washington

Mailing Address Not Available

City Washington State DC Zip Code 20000

Purpose of Disbursement
Hotel - CBC Weekend

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Transaction ID: SB21.9943

Date of Disbursement

09 / 12 / 2004

Amount of Each Disbursement this Period

1340.64

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

SUBTOTAL of Disbursements This Page (optional) ▶

2340.64

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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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)

A. **Datasha Harris**

Mailing Address 4830 S. Indiana Ave.

City Chicago State IL Zip Code 60615

Purpose of Disbursement
 Convention Expenses

Candidate Name

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

State: District

002
 Category/
 Type

Transaction ID: SB21.9958

Date of Disbursement

09 / 01 / 2004

Amount of Each Disbursement this Period

2403.73

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

Full Name (Last, First, Middle Initial)

B. **Hilton Boston Back Bay**

Mailing Address 40 Dalton Street

City Boston State MA Zip Code 02115

Purpose of Disbursement
 Lodging Expenses

Candidate Name

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

State: District

002
 Category/
 Type

Transaction ID: SB21.9985

Date of Disbursement

07 / 30 / 2004

Amount of Each Disbursement this Period

1833.43

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. **Hudson News**

Mailing Address Logan Airport

City Boston State MA Zip Code 02128

Purpose of Disbursement
 Magazines, News papers Etc

Candidate Name

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

State: District

002
 Category/
 Type

Transaction ID: SB21.9982

Date of Disbursement

07 / 30 / 2004

Amount of Each Disbursement this Period

45.76

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2403.73

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)

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20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)

A. Rev. E.J. Jones

Mailing Address 5129 S. Indiana Ave.

City Chicago State IL Zip Code 60637

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

012
Category/
Type

Transaction ID: SB21.9948

Date of Disbursement

07 / 25 / 2004

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

B. Lenora's Kitchen

Mailing Address Unavailable

City Chicago State IL Zip Code 60600

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

007
Category/
Type

Transaction ID: SB21.9951

Date of Disbursement

08 / 11 / 2004

Amount of Each Disbursement this Period

432.00

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

Full Name (Last, First, Middle Initial)

C. Mass Sportservice

Mailing Address Fleet Center

City Boston State MA Zip Code 02114

Purpose of Disbursement
Drinking Water

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB21.9971

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

21.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1932.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)

A. Metro Cab

Mailing Address 84 Braintree St

City Boston State MA Zip Code 02134

Purpose of Disbursement
 Cab Fare

Candidate Name

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

002
 Category/
 Type

Transaction ID: SB21.9881
 Date of Disbursement

07 / 28 / 2004

Amount of Each Disbursement this Period

60.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Metro Cab

Mailing Address 84 Braintree St

City Boston State MA Zip Code 02134

Purpose of Disbursement
 Cab Fare

Candidate Name

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

002
 Category/
 Type

Transaction ID: SB21.9887
 Date of Disbursement

07 / 30 / 2004

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MOORE FOR CONGRESS

Mailing Address PO BOX 16648

City MILWAUKEE State WI Zip Code 53218

Purpose of Disbursement
 Contribution

Candidate Name
 MOORE FOR CONGRESS

Office Sought: x House Senate President
 State: WI District 04
 Disbursement For: 2004 Primary X General Other (specify) ▼

011
 Category/
 Type

Transaction ID: SB21.9887
 Date of Disbursement

08 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. BOBBY LEE RUSH

Mailing Address 3534 SOUTH CALUMET AVE

City CHICAGO State IL Zip Code 60653

Purpose of Disbursement
Convention Expenses

Candidate Name

Office Sought: House
Senate
President
State: IL District: D1

Disbursement For:
Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB21.9945
Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

5000.00

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

Full Name (Last, First, Middle Initial)
B. Carolyn A. Rush

Mailing Address 3534 S. Calumet Ave.

City Chicago State IL Zip Code 60653

Purpose of Disbursement
CBC Weekend Expenses

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB21.9983
Date of Disbursement

09 / 08 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. Starbucks Coffee #724177

Mailing Address Logan Int'l Airport

City Boston State MA Zip Code 02000

Purpose of Disbursement
Coffee

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB21.9979
Date of Disbursement

07 / 30 / 2004

Amount of Each Disbursement this Period

3.31

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 21 / 29

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

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
A. Summer Shack Restaurant

Mailing Address Not Available

City Boston State MA Zip Code 02000

Purpose of Disbursement
 MEAL

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21.9977
 Date of Disbursement
 07 / 28 / 2004

Amount of Each Disbursement this Period
 46.79

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. United Airlines

Mailing Address O'Hare Airport

City Chicago State IL Zip Code 00000-0000

Purpose of Disbursement
 Convention Travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: SB21.9940
 Date of Disbursement
 07 / 28 / 2004

Amount of Each Disbursement this Period
 1333.76

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

Full Name (Last, First, Middle Initial)
C. Paris Walker

Mailing Address Not Available

City Chicago State IL Zip Code 60600

Purpose of Disbursement
 Donation

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21.9953
 Date of Disbursement
 08 / 24 / 2004

Amount of Each Disbursement this Period
 500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

1833.76

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 CITIZENS FOR RUSH

Full Name (Last, First, Middle Initial)
 A. WVON - The Talk of Chicago

Mailing Address 3350 S. Kedzie Ave.

City Chicago State IL Zip Code 60623

Purpose of Disbursement
 Radio DNC - Sponsorship

Candidate Name

Office Sought: House
 Senate
 President
 State: District

Disbursement For:
 Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: SB21.9886
 Date of Disbursement

07 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

34125.13

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / 28
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

Transaction ID: SC/9.9874

LOAN SOURCE Full Name (Last, First, Middle Initial) Beloved Community Christian Church	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6540 S. Lowe	
City Chicago State IL ZIP Code 60600	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 th 11 th 2004		% (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	25000.00
TOTALS This Period (last page in this line only)	▶	25000.00
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

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

(Use separate schedule(s) for each numbered line)	PAGE 24 / 28
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amber, Inn		Nature of Debt (Purpose): Space Rental	
Mailing Address 3901 S. Michigan Avenue			
City	State	ZIP Code	
Chicago	IL	60653	
Outstanding Balance Beginning This Period		Transaction ID: SD10.2928	
1300.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1300.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Apostolic Faith Church		Nature of Debt (Purpose): Refund	
Mailing Address 3823 S. Indiana Ave.			
City	State	ZIP Code	
Chicago	IL	60653	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.457	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	500.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor A T & T		Nature of Debt (Purpose): LONG DISTANCE	
Mailing Address Bill Payment Center			
City	State	ZIP Code	
Chicago	IL	60600	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.2909	
1318.61			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1318.61	

1) SUBTOTALS This Period This Page (optional)	▶	3118.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leah Bloomenthal		Nature of Debt (Purpose): Office Supplies	
Mailing Address 6325 N. Sheridan			
City	State	ZIP Code	
Chicago	IL	60647	
Outstanding Balance Beginning This Period		Transaction ID: SD10.458	
62.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	62.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chubb Group Insurance Companies		Nature of Debt (Purpose): Insurance	
Mailing Address 30 N. LaSalle Suite 3510			
City	State	ZIP Code	
Chicago	IL	60602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.2924	
1910.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1910.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Citizens for Gary Lapille		Nature of Debt (Purpose): Refund	
Mailing Address P.O. Box 64885			
City	State	ZIP Code	
Chicago	IL	60684-1884	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.458	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2000.00	

1) SUBTOTALS This Period This Page (optional)	▶	3972.40
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

(Use separate schedule(s) for each numbered line)	PAGE 28 / 29
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ComEd		Nature of Debt (Purpose): Electricity	
Mailing Address Bill Payment Center			
City	State	ZIP Code	
Chicago	IL	60600	
Outstanding Balance Beginning This Period		Transaction ID: SD10.8787	
9.98			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	9.98	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charisse Hodges		Nature of Debt (Purpose): Salary	
Mailing Address 3348 S. Giles Ave.			
City	State	ZIP Code	
Chicago	IL	60616	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.460	
850.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	850.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Biery Communications		Nature of Debt (Purpose): Public Relations Fee	
Mailing Address 435 W. Wisconsin			
City	State	ZIP Code	
Chicago	IL	60614	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.461	
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1000.00	

1) SUBTOTALS This Period This Page (optional)	▶	1859.98
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lori Ann Bass & Associates			Nature of Debt (Purpose): Fundraising Fee	
Mailing Address 730 N. Franklin				
City	State	ZIP Code		
Chicago	IL	60611		
Outstanding Balance Beginning This Period			Transaction ID: SD10.462	
94.54				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	94.54	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gil N. McCay			Nature of Debt (Purpose): Refund	
Mailing Address 5210 S. Blackstone				
City	State	ZIP Code		
Chicago	IL	60615		
Outstanding Balance Beginning This Period			Transaction ID: SD1D.451	
1000.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor People's Energy			Nature of Debt (Purpose): Heating Fuel	
Mailing Address Bill Payment Center				
City	State	ZIP Code		
Chicago	IL	60600		
Outstanding Balance Beginning This Period			Transaction ID: SD1D.8758	
1403.92				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1403.92	

1) SUBTOTALS This Period This Page (optional)	▶	2498.46
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

(Use separate schedule(s) for each numbered line)	PAGE 28 / 29
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Land Developers		Nature of Debt (Purpose): Office Rent	
Mailing Address 7801 S. Cottage Grove			
City	State	ZIP Code	
Chicago	IL	60619	
Outstanding Balance Beginning This Period		Transaction ID: SD10.452	
1400.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1400.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trib-Co Construction		Nature of Debt (Purpose): Refund	
Mailing Address 500 West Monroe			
City	State	ZIP Code	
Chicago	IL	60661	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.453	
300.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	300.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trille Stell Drum Corp.		Nature of Debt (Purpose): Refund	
Mailing Address 2959 West 47th Street			
City	State	ZIP Code	
Chicago	IL	60632	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.454	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	200.00	

1) SUBTOTALS This Period This Page (optional)	▶	1900.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR RUSH

(Use separate schedule(s) for each numbered line)	PAGE 29 / 29
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	
<input checked="" type="checkbox"/> 10	

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Vision, Health Mgmt Systems		Nature of Debt (Purpose): REfund	
Mailing Address 2B38 S. Indiana			
City Chicago	State IL	ZIP Code 60616	
Outstanding Balance Beginning This Period 250.00		Transaction ID: SD10.455	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Wright		Nature of Debt (Purpose): Salary	
Mailing Address 1212 S. Michigan			
City Chicago	State IL	ZIP Code 60609	
Outstanding Balance Beginning This Period 3000.00		Transaction ID: SD1D.456	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00	

1) SUBTOTALS This Period This Page (optional)	▶	3250.00
2) TOTALS This Period (last page this line number only)	▶	16599.43
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	